2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

$508.75

DOCUMENT # A98000002473

1. Entity Name
LAKESMART ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133	2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0871658
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P98000092471
NAME	LAKESMART ASSOCIATES, INC.
STREET ADDRESS	2937 S.W. 27TH AVENUE, SUITE 303
CITY-ST-ZIP	COCONUT GROVE, FL 33133
DOCUMENT #	N96000002724
NAME	FLORENCE VILLA COMMUNITY DEVELOPMENT CORP
STREET ADDRESS	111 AVENUE R, NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
DOCUMENT #	
NAME	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #