

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002473**

1. Entity Name  
LAKESMART ASSOCIATES, LTD.



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

Mailing Address  
2950 S.W. 27TH AVENUE, SUITE 200  
MIAMI, FL 33133



04182007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

Lloyd J. Boggio

SIGNATURE

Signature, typed or printed name of registered agent and their applicable

DATE

**FILE NOW! FEE IS \$500.00**  
**After May 1, 2007, 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	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000748307  
05/17/07-80061-012 508.75

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

Lloyd J. Boggio

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE