## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By-May 1, 2007

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SIGNATURE: .

## FILED DOCUMENT # A98000002875 2007 MAR 27 AM 10: 21 1. Entity Name LARK PROPERTIES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11500 - 47TH STREET, NO. 11500 - 47TH STREET, NO. CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8009 W. FOREST HILL AVE 9900 N. ULMERTON RD Suite, Apt. #, etc Suite, Apt. #, etc 03142007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For -RANKLIN NI LARGO 59-7139350 Not Applicable Country MIL WAUKE Country \$8.75 Additional 5. Certificate of Status Desired PINELLAS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINES, JAMES P ESQ. Street Address (P.O. Box Number is Not Acceptable) HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE **TAMPA, FL 33606** Zip Code FL 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 Signature, typed or printed name of registered agent and title if 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # L98000003415 STREET ADDRESS NAME LARK PROPERTY MANAGEMENT, LLC STREET ADDRESS 11500 - 47TH STREET, NO. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33762 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 04/03/07--01052--008 ទទ<u>ុកប្រហ</u>្វី ប្រើ STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER