2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

STAPLE CHECK HERE

## FILED Feb 02, 2005 08:00 AM Secretary of State

	Due by	May 1, 200	70			10002	, 2003	00.00 A
DOCUMENT # B0100000023  t. Entity Name LAKE WALES VENTURE NO. ONE, L.P.						Sec	retary	of State
Dranainal Dia	an of Business	terting Addrs.			-			•
Principal Place of Business Mailing Address 1936 SAN MARCO 1936 SAN MA			· ·					
		1936 SAN MARCO IACKSONVILLE, FL	CKSONVILLE, FL 32207					
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Principal Place of Business     3. Mailing Address			i	۰۰ پرونشین بیدی				
S. Ivialing Audiess							[4]   [4]   4]	
Suite, Apt. #, etc. Suite, Apt. #, etc.					01122005	Chg-LP	CR2E00:	2 /10/02)
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City & State		City & State			4. FEI Number 59-3664			Applied For Not Applicable
Zip	Country	Zip	Cou	ntry				8.75 Additional
			and the same of th			f Status Desired	Fe Fe	e Required
	6. Name and Address of Current	Registered Agent		his	7. Name and Address of New Registered Agent			
WARNER, TAMMY 1936 SAN MARCO				Name				est and the
				Street Address (	(P.O. Box Number is Not Acceptable)			
JACKSONVILLE, FL 32207				ļ ————————————————————————————————————	<del></del> -			- ::
				Cny	Crity FL Zip Codi			Zip Code
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.								
ine colliga	litoris of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if annilicable	<u> </u>		<u> </u>	<u></u>	DATE	
9. Capital Captivitions 10. Amount of Capital								
	on record. \$228,000.00	to date.	DOUGHS					
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY N	MIST BE REGIST	TERED AND AC	TIVE WITH TH	IS OFFICE	·
NOTE: General Partners MAY NOT be changed on th				n; an amendmen	t must be filed	to change a ge	eneral partn	er
12.	GENERAL PARTNE	RINFORMATION	13.			ADDRESS CHA	NGES ONLY	
Document # Name	BATHMAN, TROY		STR	EET AODRESS				
STREET ADDRESS	16910 DALLAS PARKWAY #100	1		<u> </u>				<u> </u>
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NAME	GISSLER, JAMES		310	LEI ABONCOO			208825 <del> 20009=6</del>	1 <del>19 528,25</del>
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CITY-ST-ZIP			C)TY	'-ST-ZIP				
14. I hereby	certify that the information supplied with	this filing does not qualify	y for the exe	mption stated in Se	ction 119.07(3)(i),	Florida Statutes. I	further certify	that the information
indicated the receiv	on this report is true and accurate and ver or trustee empowered to execute the	itnat my signature shall ha is report as required by Ci	ave the sam hapter 620,	e legal errect as if m Florida Statutes	ade under oath; t	nat i am a Genera	Partner of the	e iimited partnership or
	$\sim$	, ,	,					