

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 11 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000177

1. Entity Name  
LUC LAKE HANCOCK LIMITED PARTNERSHIP



Principal Place of Business  
BOX 460  
300 GREENBRIER ROAD  
SUMMERSVILLE, WV 26651

Mailing Address  
BOX 460  
300 GREENBRIER ROAD  
SUMMERSVILLE, WV 26651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number  
55-0711558

Applied For  
Not Applicable

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

### 6. Name and Address of Current Registered Agent

ROEDER, LOUIS III  
7414 SPARKLING LAKE ROAD  
ORLANDO, FL 32819

### 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$81,921.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 # F95000002438  
NAME LAND USE CORPORATION  
STREET ADDRESS BOX 460, 300 GREENBRIER ROAD  
CITY-ST-ZIP SUMMERSVILLE, WV 26651

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS PO Box 460, 300 Greenbrier Road  
CITY-ST-ZIP Summersville, WV 26651

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Land Use Corporation, General Partner  
Shirley A. Fink, Vice President

3-14-05 (304) 872-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE