

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004

DOCUMENT # B99000000363

1. Entity Name  
FAIRFIELD LAKES, L.P.



FILED

04 JUN 22 AM 9:28

STATE  
TALLAHASSEE FLORIDA

AM 9:28



05062004 Chg-LP CR2E003 (10/03) 6/22

4. FEI Number  
63-1232824

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, DWIGHT  
7591 HIGHWAY 98 WEST  
HUNTERSPOINT, APT. 305  
PENSACOLA, FL 32506

Name Keith Kilgen  
Street Address (P.O. Box Number is Not Acceptable) 1516 Wilson Avenue  
City Pensacola FL Zip Code 32507

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

Keith Kilgen 5/6/04  
DATE

9. Capital Contributions  
as Shown on record. \$99.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000005203	STREET ADDRESS	
NAME	FAIRFIELD LAKES PARTNERS INC	CITY-ST-ZIP	
STREET ADDRESS	730 NORTH DEAN ROAD SUITE 200		
CITY-ST-ZIP	AUBURN, AL 36830		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/6/04 334-502-4100

Date Daytime Phone #