



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90016 020 \*\*\*150.00

<b>DOCUMENT # M58988</b> 1. Entity Name <b>LAKE MARY GENERAL PARTNER, INC.</b>					
Principal Place of Business <b>C/O DAVID L. ROZEN</b> <b>3640 YACHT CLUB DR, #1406</b> <b>AVENTURA, FL 33180 US</b>			Mailing Address <b>C/O DAVID L. ROZEN</b> <b>3640 YACHT CLUB DR, #1406</b> <b>AVENTURA, FL 33180 US</b>		
2. Principal Place of Business <b>1920 E HALLANDALE BLVD</b> Suite, Apt. #, etc. <b>PH5</b> City & State <b>HALLANDALE, FL</b> Zip <b>33009</b>		3. Mailing Address <b>1920 E. HALLANDALE BLVD</b> Suite, Apt. #, etc. <b>PH5</b> City & State <b>HALLANDALE, FL</b> Zip <b>33009</b>			
4. FEI Number <b>65-0005561</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROZEN, DAVID L.</b> <b>3640 YACHT CLUB DR. APT. 1406</b> <b>AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1920 E. HALLANDALE RD BLVD</b> <b>PH5</b> City <b>HALLANDALE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input type="checkbox"/> Delete <b>ROZEN, DAVID L.</b> <b>3640 YACHT CLUB DR. #1406</b> <b>AVENTURA, FL 33180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1920 E. HALLANDALE RD BLVD, PH5</b> <b>HALLANDALE, FL 33009</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-20-04 (954) 454-1190</b> <small>Date Daytime Phone #</small>		