2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000094691

Entity Name

LAKÉBROOK PARK APARTMENTS GENERAL PARTNER, INC.



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

11300 FOURTH STREET NORTH

SUITE 200 ST. PETERSBURG, FL 33716-2940 Mailing Address

11300 FOURTH STREET NORTH SUITE 200

ST. PETERSBURG, FL 33716-2940



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

59-3606833

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

CHADWICK, JAMES M 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716-2940

DO NOT WRITE IN THIS SPACE

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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 ponted name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE Name Street Aodress City-St-Zip	DP CHADWICK, HARRY R JR. 11300 FOURTH STREET NORTH, SU ST. PETERSBURG, FL 337162940	ЛТЕ 200			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHADWICK, JAMES M 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 337162940				U00000630568 02/20/07-80012-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME Street Address City-St-Zip				îN '	THIS SPACE
TITLE Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					