


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 17 AM 8:35

DOCUMENT # A07000000333
 1. Entity Name
 LCC FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 2665 S. BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33133

Mailing Address
 2665 S. BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33133



2. Principal Place of Business - No P.O. Box #
 15807 S.W. 102 Lane
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 650128
 Suite, Apt. #, etc.

03272008 Chg-LP CR2E003 (12/06)

City & State
 miami, FL.

City & State
 miami, FL.

4. FEI Number
 26-1489284

Applied For
 Not Applicable

Zip
 33196

Country
 USA

Zip
 33265

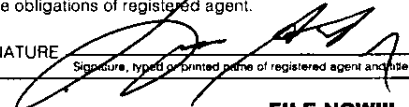
Country
 USA

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

6. Name and Address of Current Registered Agent
 WORLD CORPORATE SERVICES, INC.
 2665 S. BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name
 Louis Clavel
 Street Address (P.O. Box Number is Not Acceptable)
 15807 S.W. 102 Lane
 City
 miami FL Zip Code
 33196

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  DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

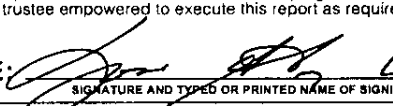
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L07000015016
NAME	LCC & PARTNERS LLC
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP	MIAMI, FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	P.O. Box 650128
CITY-ST-ZIP	miami, FL. 33265
STREET ADDRESS	
CITY-ST-ZIP	700123589287
STREET ADDRESS	04/16/08-01004-014 ***916.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. 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 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:  Louis Clavel 4/8/08 305-218-6718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #