


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:08

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| DOCUMENT # A22509 |  |
| 1. Entity Name L-3, LTD. | |

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| Principal Place of Business C/O WINDERWEEDLE, HAINES, WARD & WOODMAN 250 PARK AVE. S. -5TH FLOOR WINTER PARK, FL 32789 | Mailing Address C/O WINDERWEEDLE, HAINES, WARD & WOODMAN 250 PARK AVE. S. -5TH FLOOR WINTER PARK, FL 32789 |
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| 2. Principal Place of Business - No P.O. Box # 329 Park Avenue North | 3. Mailing Address 329 Park Avenue North |
| Suite, Apt. #, etc. Second Floor | Suite, Apt. #, etc. Second Floor |

01172007 Chg-LP CR2E003 (12/06)

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|---------------------------------|---------------------------------|-----------------------------|-------------------------------|
| City & State Winter Park, FL | City & State Winter Park, FL | 4. FEI Number 59-2671165 | Applied For Not Applicable |
| Zip 32789 | Country USA | Zip 32789 | Country USA |

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WHWW INC 390 N ORANGE AVENUE SUITE 1500 ORLANDO, FL 32801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---------------------------|--------------------------|--|
| DOCUMENT # | NAME | STREET ADDRESS | |
| | LANGBERG, SAMUEL | | |
| STREET ADDRESS | 10114 EMPYREAN WAY, #201 | CITY - ST - ZIP | |
| CITY - ST - ZIP | LOS ANGELES, CA 900673808 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
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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: SAMUEL LANGBERG
Samuel Langberg

DATE: 1/26/07

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