

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

DOCUMENT # A22509

1. Entity Name  
 L-3, LTD.



**FILED**

08 AUG 26 PM 2:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 329 PARK AVENUE NORTH  
 SECOND FLOOR  
 WINTER PARK, FL 32789

Mailing Address  
 329 PARK AVENUE NORTH  
 SECOND FLOOR  
 WINTER PARK, FL 32789



**DO NOT WRITE IN THIS SPACE**

08122008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2671165	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHWW INC  
 390 N ORANGE AVENUE  
 SUITE 1500  
 ORLANDO, FL 32801

**DO NOT WRITE  
 IN THIS SPACE**

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 \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**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 #	
NAME	LANGBERG, SAMUEL
STREET ADDRESS	10114 EMPYREAN WAY, #201
CITY - ST - ZIP	LOS ANGELES, CA 900673808
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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300135371103  
 09/04/08--01034--013 \*\*900.00

**DO NOT WRITE  
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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 8/15/08 310 516 0408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #