


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

08 FEB 15 PM 2: 39

DOCUMENT # A99000000706
 1. Entity Name
 5C OF CENTRAL FLORIDA, LLLP



Principal Place of Business
 571 WEST KINGS HIGHWAY
 CENTER HILL, FL 33514

Mailing Address
 P.O. BOX 399
 CENTER HILL, FL 33514

DO NOT WRITE IN THIS SPACE



01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 41-1749149	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

SHEAR, L. DAVID
 401 E. JACKSON STREET, SUITE 2700
 TAMPA, FL 33602

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 \$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.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERNIN, MARSHALL 571 WEST KINGS HIGHWAY CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART CHERNIN, ALEX 571 WEST KINGS HIGHWAY CENTRAL HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART CHERNIN, ADAM 571 WEST KINGS HIGHWAY CENTRAL HILL, FL 33514

02/15/08--01002--004 **500.00
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 02/15/08--01002--004 **500.00

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STAPLE CHECK HERE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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: Marshall Chernin Managing Partner Date 1/8/08 Daytime Phone # 352-293-3671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER