


**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

700118083297  
 02/15/08--01002--004 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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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