

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000706

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** 5C OF CENTRAL FLORIDA, LLLP

**Current Principal Place of Business:**

571 WEST KINGS HIGHWAY  
CENTER HILL, FL 33514

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 399  
CENTER HILL, FL 33514

**New Mailing Address:**

**FEI Number:** 41-1749149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CHERNIN, MARSHALL  
Address: 17949 CACHET ISLE DRIVE  
City-St-Zip: TAMPA, FL 33647

Document #:

Name: CHERNIN, ALEX  
Address: 571 W KING HWY  
City-St-Zip: CENTER HILL, FL 33514

Document #:

Name: CHERNIN, ADAM  
Address: 571 W KING HWY  
City-St-Zip: CENTER HILL, FL 33514

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

GP

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date