

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000000706

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

**Current Principal Place of Business:**

571 WEST KINGS HIGHWAY  
CENTER HILL, FL 33514

**Current Mailing Address:**

P.O. BOX 399  
CENTER HILL, FL 33514

**FEI Number:** 41-1749149

**Certificate of Status Desired:** No

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

CHERNIN, IDA RAYE  
571 WEST KINGS HIGHWAY  
CENTER HILL, FL 33514 US

*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 Detail :**

Document #

Name IDA RAYE CHERNIN TRUSTEE  
MARSHALL CHERNIN NON-EXEMPT  
MARITAL TRUST 12/11/02

Address 571 WEST KINGS HIGHWAY

City-State-Zip: CENTER HILL FL 33514

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IDA RAYE CHERNIN

**MANAGER**

**03/03/2016**

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

\_\_\_\_\_ Date