

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000705**

1. Entity Name  
**A1A ACQUISITION GROUP, LTD., L.L.P.**



Principal Place of Business  
**8959 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920 US**

Mailing Address  
**8959 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920 US**



04232008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1065485**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**KANCILIA, JOHN R  
1800 W. HIBISCUS BLVD.  
SUITE 138  
MELBOURNE, FL 32901**

**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

Signature: typed or printed name of registered agent and title if applicable.

U000000942423  
05/29/08-80017-023 500.00  
DATE

**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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P04000065329**  
NAME **A1A ACQUISITION CORP.**  
STREET ADDRESS **8959 ASTRONAUT BLVD**  
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

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**DO NOT WRITE  
IN THIS SPACE**

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: **BY [Signature] TOM HERMANSEN**

**4/21/08**  
Date

**321 739 4099**  
Daytime Phone #

**AS PRESIDENT OF GEN PARTNER**

STAPLE CHECK HERE