

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:38

**DOCUMENT # A04000000975**

1. Entity Name  
 LOLADERO LIMITED PARTNERSHIP



Principal Place of Business  
 600 BILTMORE WAY, APARTMENT 707  
 CORAL GABLES, FL 33134

Mailing Address  
 600 BILTMORE WAY, APARTMENT 707  
 CORAL GABLES, FL 33134



2. Principal Place of Business - No P.O. Box #

600 BILTMORE WAY

3. Mailing Address

600 BILTMORE WAY

Suite, Apt. #, etc.

APT. 707

Suite, Apt. #, etc.

APT. 707

City & State

CORAL GABLES, FLA.

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

02112008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-1258406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ALFRED D  
 600 BILTMORE WAY, APARTMENT 707  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Alfred D. Lewis*

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

2/19/08

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

2/19/08

**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 # P04000092133  
 NAME LOLADERO, INC.  
 STREET ADDRESS 600 BILTMORE WAY, APARTMENT 707  
 CITY-ST-ZIP CORAL GABLES, FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

~~03/19/08 01015-001 \*\*500.00~~

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700120718027

03/19/08--01015--001 \*\*500.00

DOCUMENT #

NAME

STREET ADDRESS

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CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*Alfred D. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE