


2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001911</b> 1. Entity Name LAKE MARY PRO-OFF, LLLP.	
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Principal Place of Business 303 EAST PAR STREET ORLANDO, FL 32804	Mailing Address 303 EAST PAR STREET ORLANDO, FL 32804
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03032005 Chg-LP CR2E003 (10/03)

4. FEI Number  
20-2192261  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRYANT, CARLA DELOACH- 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. DATE

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000163024	STREET ADDRESS	
NAME	LAMAPRO, INC.	CITY-ST-ZIP	
STREET ADDRESS	303 EAST PAR STREET		
CITY-ST-ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

100054204341  
05/10/05 01037 021 \*\*141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  03-26-05 (407) 622-6882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE