


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 10:32

<b>DOCUMENT # A04000001911</b> 1. Entity Name LAKE MARY PRO-OFF, LLLP.	
--	---

Principal Place of Business 303 EAST PAR STREET ORLANDO, FL 32804	Mailing Address 303 EAST PAR STREET ORLANDO, FL 32804
---	---

**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-2192261	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  BRYANT, CARLA DELOACH 15 EAST RIDGEWOOD STREET ORLANDO, FL 32803
---

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000163024 LAMAPRO, INC. 303 EAST PAR STREET ORLANDO, FL 32804
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

100072361431  
04/27/06--01029--015 \*\*500.00

**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 authorized to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **G. Powell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03-17-06 (47) 622-1482  
Date Daytime Phone #

STAPLE CHECK HERE