

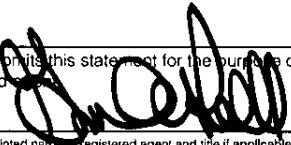
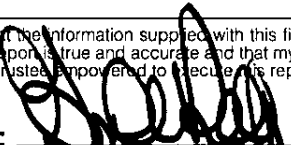


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001911				FILED	
1. Entity Name LAKE MARY PRO-OFF, LLLP.				2007 APR 13 AM 10:05	
Principal Place of Business 303 EAST PAR STREET ORLANDO, FL 32804		Mailing Address 303 EAST PAR STREET ORLANDO, FL 32804		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032007 Chg-LP CR2E003 (12/06)	
City & State		City & State		4. FEI Number 20-2192261	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRYANT, CARLA DELOACH 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803				Name George Powell	
				Street Address (P.O. Box Number is Not Acceptable)	
				303 E Par St	
				City Orlando FL Zip Code 32804	
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 4/10/07	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000163024		STREET ADDRESS		
NAME	LAMAPRO, INC.		CITY-ST-ZIP	000097231720	
STREET ADDRESS	303 EAST PAR STREET			04/17/07--01046--024 **500.00	
CITY-ST-ZIP	ORLANDO, FL 32804				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			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: 				DATE 4/10/07	