2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A05000000730

1. Entity Name LORAC PROPERTIES, LLLP



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

4321 COLLINGTREE DRIVE ROCKLEDGE, FL 32955 Mailing Address

4321 COLLINGTREE DRIVE ROCKLEDGE, FL 32955



DO NOT WRITE IN THIS SPACE

01142007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-4531379

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WANCHISEN, RONALD J 4321 COLLINGTREE DRIVE ROCKLEDGE, FL 32955

DO NOT WRITE IN THIS SPACE

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. Ithe obligations of registered agent.	I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	ATE

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
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	L05000033698 LORAC MANAGEMENT, LLC 4321 COLLINGTREE DRIVE ROCKLEDGE, FL 32955
_	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
ا!	DOCUMENT #	

000000727710 05/04/07-80058-014 500.00

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

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

4-19-07

(321)446-348<u>5</u>

Daytime Phone #