2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# A07000001120

Entity Name: LSA OF CENTRAL FLORIDA LLLP

Current Principal Place of Business:

295 HWY A1A
APT 202
SATELLITE BEACH, FL 329372090

New Principal Place of Business:

Current Mailing Address:

295 HWY A1A
APT 202
SATELLITE BEACH, FL 329372090

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACKERMAN, LON S
295 HWY A1A
APT 202
SATELLITE BEACH, FL 329372090 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #:
Name: ACKERMAN, LON S TRUSTEE
Address: 295 HWY A1A
City-St-Zip: SATELLITE BEACH, FL 329372090

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LON S. ACKERMAN 02/13/2008

Electronic Signature of Signing General Partner — Date