2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000001120

Entity Name: LSA OF CENTRAL FLORIDA LLLP

FILED Jan 15, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|----------------------------------|---|---------------------------------------|
| 295 HWY A1A APT 202 SATELLITE BEACH, FL | 329372090 | | |
| Current Mailing Address: | | New Mailing Address: | |
| 295 HWY A1A APT 202 SATELLITE BEACH, FL | 329372090 | | |
| FEI Number: 26-1288807 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| ACKERMAN, LON S 295 HWY A1A APT 202 SATELLITE BEACH, FL | 329372090 US | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | l office or registered agent, or botl |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| GENERAL PARTNER INFORMATION: | | ADDRESS CHANGES ONL | Y: |
| De average ## | | | |

Document #:

ACKERMAN, LON S TRUSTEE Name:

295 HWY A1A Address: Address: SATELLITE BEACH, FL 329372090 City-St-Zip: 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 01/15/2009