

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC -2 AM 11:01

mtu  
12/5



1. Name of Limited Partnership

1a. DOCUMENT #  
A20477

LAKE LOTTA, LTD.

Mailing Address

880 STATE ROAD 434 NORTH  
ALTAMONTE SPRINGS FL 32714

Principal Office Address

880 STATE ROAD 434 NORTH  
ALTAMONTE SPRINGS FL 32714

3. Date Formed or Registered

08/01/1985

5a. Capital Contributions as  
Shown on record.

\$8,000,000.00

3a. Date of Last Report

12/12/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

860 State Road 434 North

Suite, Apt. #, etc.

Suite 7

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

2a. Principal Office Address

860 State Road 434 North

Suite, Apt. #, etc.

Suite 7

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

6. FEI Number

59-2503560

☐

Applied For

☐

Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GOODMAN, BARRY S.

880 STATE ROAD 434 NORTH

ALTAMONTE SPRINGS, FL FL 32714

10. If changed, new Registered Agent/Office

Name

Lauren B. Goodman

Street Address (P.O. Box Number is Not Acceptable)

860 State Road 434 North

Suite, Apt. #, etc.

Suite 7

City

Altamonte Springs

FL

Zip Code  
32714

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

11/27/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

LOTTA GP, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

880 STATE ROAD 434 NORTH

860 State Road 434 North  
Suite 7

11b. City, State & Zip Code

ALTAMONTE SPRINGS FL

11c. Registration/  
Document Number

832112

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-12/06/96--01050--008  
\*\*\*576.25 \*\*\*576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

LOTTA GP., Inc.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

William J. Goodman, President

DATE 11/20/96

Daytime Telephone Number (407) 788-6555

CP2E003 (6/96)