

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**

**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20477</b> 1. Entity Name <b>LAKE LOTTA, LTD.</b>	
---	---

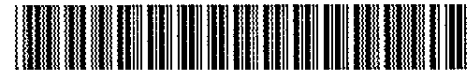
Principal Place of Business <b>860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714</b>
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. # etc
---------------------	-------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

<b>GOODMAN, LAUREN B.</b> <b>860 STATE ROAD 434 NORTH</b> <b>SUITE 7</b> <b>ALTAMONTE SPRINGS FL 32714</b>	Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$8,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**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 #	S32112	STREET ADDRESS	
NAME	LOTTA GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	860 STATE ROAD 434 NORTH STE 7		
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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 exemption stated in Section 119.07(3)(i), 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:** *Lauren B. Goodman, President of Lotta GP, Inc.* **3/31/04** **407-288-6535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE