2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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SIGNATURE:

Mar 06, 2006 08:00 AM DOCUMENT # A20477 Secretary of State t. Entity Name LAKE LOTTA, LTD. Principal Place of Business Mailing Address 860 STATE ROAD 434 NORTH 860 STATE ROAD 434 NORTH ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 59-2503560 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODMAN, LAUREN B. Street Address (P.O. Box Number is Not Acceptable) 860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714 City 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. H00000455566 83/15/06-88054-002 580.00 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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. DOCUMENT # S32112 STREET ADDRESS LOTTA GP. INC. STREET ADDRESS 860 STATE ROAD 434 NORTH STE 7 CITY-ST-ZIP City-ST-ZIP ALTAMONTE SPRINGS FL 32714 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CCTY-ST-7/2 CITY-ST-ZIP DOCUMENT # STREE! ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DITY - ST-70P OCCUMENT (STREET ADDRESS MAME. STREET ADDRESS CITY-ST-71P CITY-ST-ZIP DOCUMENT (STREET ADDRESS STREET ADDRESS City-ST-Zip CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is type 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 employed to execute this report as required by Chapter 620, Florida Statutes

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