


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20477</b>			
1. Entity Name LAKE LOTTA, LTD.			
Principal Place of Business 860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714		Mailing Address 860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  GOODMAN, LAUREN B. 860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			



1st MOORE CR2E003 (10/06)

4. FEI Number 59-2503560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	S32112 LOTTA GP, INC. 860 STATE ROAD 434 NORTH STE 7 ALTAMONTE SPRINGS FL 32714	STREET ADDRESS CITY ST ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  *President of Lotta GP, Inc. gmbh pinc* 3-13-07 407-7886555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #