2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A20477

1. Entity Name

LAKE LOTTA, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:42

Principal Place of Business	Mailing Address
860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
890 State Road 434 N.		390 State Road 434 N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Altamonte Springs, FL		City & State: Altamonte Springs, FL	
Zip: 32714	Country: USA	Zip: 32714	Country: USA

4. FEI Number 59-2503560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODMAN, LAUREN B. 860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	Name: Street Address (P.O. Box Number is Not Acceptable): 890 State Road 434 North City: Altamonte Springs FL Zip Code 32714

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, 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 #	S32112	STREET ADDRESS	
NAME	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	
NAME			
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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: LAUREN GOODMAN, PRESIDENT OF LOTTA GP, INC, general partner 4/15/08 407 788-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #