2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

		Due By M	May 1, 2008	••••	· ··						
	DOCU 1. Entity Nam LUCERN		-					F	ILED		
	Principal Place of Business Mailing Address 500 S. FLORIDA AVE., #700 P.O. BOX 5252 LAKELAND, FL 33801 LAKELAND, FL 3380					 	i Bācis jons ālķi biri	SECRE	PR 29 P 12: ETARY OF STA LASSEE, FLOR		
-	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172008	Chg-LP	CR2E00	03 (12/06)		
	City & Stat	ie .	City & State			4. FEI Number 59-2625908	08		Applied For Not Applicab		
	Zip 	Country	Zip	Cour	ntry	5. Certificate of S		<u> </u>	8.75 Additional ee Required		
ŀ	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
	500 S. FLO	NE, PETER A. DRIDA AVE., SUITE 715 D, FL 33801					s (P.O. Box Number is Not Acceptable)				
		2,12 00001			City				Zip Code		
	The above named entity submits this statement for the purpose of changing its reg				FL						
-	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						<u> </u>	DATE			
•	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment in						o change a ge	neral part	ner.		
	DOCUMENT #	GENERAL PARTNI	R INFORMATION 13.				ADDRESS CHA	INGES ONL	<u>Y</u>		
*	NAME STREET ADORESS CITY-ST-ZIP	A.T.A. PROPERTIES, INC.		STRE							
	DOCUMENT #		0.111	STRE		04/29/	912ha	7 D E. S D () S	31 <u>2</u> **561.25		
-	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						
	DÜCUMENT / NAME OTREET ADDRESS			STRI	EET ADDRESS						
	CITY-ST-ZIP			CITY	'-ST-ZIP						
	NAME STREET ADDRESS				EET ADDRESS						
חבה אטמהט	CITY-ST-ZIP DOCUMENT #				EET AODRESS						
	NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
SIATLE	DOCUMENT #			STRI	EET ADDRESS						
7	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						
	14. I hereby indicated or the rec	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									

4/21/08

Kim S Kelley