

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**DOCUMENT # A22509**

1. Entity Name  
L-3, LTD.



Principal Place of Business  
329 PARK AVENUE NORTH  
SECOND FLOOR  
WINTER PARK, FL 32789

Mailing Address  
329 PARK AVENUE NORTH  
SECOND FLOOR  
WINTER PARK, FL 32789

**FILED**

08 AUG 26 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DO NOT WRITE IN THIS SPACE**

08122008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-2671165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WHWW INC  
390 N ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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 \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LANGBERG, SAMUEL  
10114 EMPYREAN WAY, #201  
LOS ANGELES, CA 900673808

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300135371103  
09/04/08--01034--013 \*\*900.00

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IN THIS SPACE**

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: *Samuel Langberg* SAMUEL LANGBERG

8/15/08

310 516 0408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE