


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 31 AM 9:47

DOCUMENT # A33353 1. Entity Name LAKE LAND MOTORS LIMITED PARTNERSHIP	
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Principal Place of Business % PERCONTEE, INC. 11900 TECH ROAD SILVER SPRING, MD 20904	Mailing Address % PERCONTEE IN 11900 TECH ROAD SILVER SPRING, MD 20904
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2. Principal Place of Business - No P.O. Box # 250 S Ocean Blvd Suite, Apt. #, etc. Apt 16AB City & State Boca Raton FL Zip 33432	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01232007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3145425	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUELSKY, MARTHA 250 SOUTH OCEAN BLVD. APT. 16AB BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P92000014069 MGA INVESTMENTS, INC. 250 SOUTH OCEAN BLVD., APT. 16AB BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300087214893 027 057 01 01005 024 \$8.75
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/07

Date

301-622-0100

Daytime Phone #

STAPLE CHECK HERE