2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A33353 1. Entity Name LAKE LAND MOTORS LIMITED PARTNERSHIP						O8FEB 19 PM 4: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
250 S OCE APT 16AB BOCA RATO	N, FL 3343	2	Mailing Address % PERCONTEE IN 11900 TECH ROAD SILVER SPRING, MD 2	20904			mps was mai prisa ili	E, FLORIDA		
2. Principal	Principal Place of Business - No P.O. Box # Mailing Address							FYBÎT QURÎN DÎRÎN BÎNDÎN DÎGÎN ÎNRÎNDÎN AN HADÎ		
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.		01152008	Chg-LP	CR2E003 (12/06)			
City & St	ate		City & State			4. FEI Number 59-3145		Applied For Not Applicable		
Zip		Country	Zip	Cour	try	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required		
	6. Nam	e and Address of Current	Registered Agent	•	7. Name and Address of New Registered Agent					
GUDELS	KY, MART	-HA			Name-Tohn Gudelsky					
250 SOU	250 SOUTH OCEAN BLVD.					P.O. Box Number	is Not Acceptable) 		
	APT. 16AB BOCA RATON, FL 33432					425 Meadow Lark Drive				
		named entity submits this statement of the purpose of changing its registe				citySarasota FL 34236				
8. The abor the oblig	re named ent ations of regi	ity submits this statement.	Cleaning its	s register	ed office or register	red agent, or both	1 -	orda. Tam familiar with, and accept		
SIGNATURI	Signature, type	ed or ponted name of registered agent	t and title il applicable	-		1/0	1/50	DATE		
		FILE NO	Will FEE IS \$500.00 2008, Fee will be \$90	ر 0.00						
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.	1	GENERAL PARTNE	13.			ADDRESS CH	ANGES ONLY			
DOCUMENT #	P920000)14069 VESTMENTS, INC.	STREET ADDRESS							
STREET ADDRES	S 250 SOL	JTH OCEAN BLVD., AP ATON, FL 33432	Г. 16AB		'-ST-ZIP	31 02/13	7 0117 : /080102:	∃66273 3007 **500.00		
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NAME STREET ADDRES CITY-ST-ZIP DOCUMENT # NAME	1			STR	EET ADDRESS					
STREET ADDRES	s			ÇIT	r-SI-ZIP					
14. I hereb indicate or the r	y certify that ed on this rep eceiver or tru	the information supplied wo ort is true and accurate an istee empowered to execut	ith this filling does not qualify d that my signature shall have e.this record as foodired by C	for the e the sam hapter 62	xemptions containe le legal effect as if i 20, Florida Statutes	ad in Chapter 119 made under oath;), Florida Statutes, that I am a Gene	I further certify that the information ral Partner of the limited partnership		