

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000102

**Entity Name:** LANCASTER ASSOCIATES, LLLP

**FILED**  
**Feb 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40749  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 59-3420048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAY, JONATHAN L  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000002922  
Name: LANCASTER ASSOCIATES, INC.  
Address: 1548 LANCASTER TERRACE  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN L. HAY

PRES

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date