


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 21 PM 1:34
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A05000000925		
1. Entity Name LAKELAND INTERSTATE PROPERTIES, LTD.		

Principal Place of Business 1900 W. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33309	Mailing Address 1900 W. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042006	Chg-LP	CR2E003 (11/05)
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J
 500 EAST BROWARD BLVD., SUITE 1950
 FT. LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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, 2006, 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	
DOCUMENT #	NAME
NAME	KEENAN I-4, INC.
STREET ADDRESS	1900 W. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
DOCUMENT #	NAME
NAME	KEISER I-4, INC.
STREET ADDRESS	1900 W. COMMERCIAL BLVD., SUITE 400
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	Suite 175
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: KEENAN I-4 INC AS A P. *[Signature]* **APR 4/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **APR 4/06** Date Daytime Phone #

FILE CHECK HERE