

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007 Chg-LP CR2E003 (12/06)

4. FEI Number
APPLIED FOR 10-2486106

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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

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

DOCUMENT #
 NAME **KEISER I-4, INC.**
 STREET ADDRESS **1900 W. COMMERCIAL BLVD., SUITE 175**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300104433533
 06/15/07--01059--006 **500.00**

Handwritten initials

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.
Handwritten signature

CHANTAL HOGUE

04-24-2007

954-776-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED
07 JUN 13 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

