

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 4:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A02014

1. Entity Name
LAKELAND I-4 PROPERTIES, LTD.



Principal Place of Business
124 S. FLORIDA AVENUE, SUITE 204
LAKELAND, FL 33801

Mailing Address
124 S. FLORIDA AVENUE, SUITE 204
LAKELAND, FL 33801

2. Principal Place of Business
124 S. Florida Av

3. Mailing Address
124 S. Florida Av

Suite, Apt. #, etc.
Ste. 204

Suite, Apt. #, etc.
Ste. 204

City & State
Lakeland FL

City & State
Lakeland FL

Zip
33801

Country
USA

Zip
33801

Country

04182005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-1474543

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUNCH, DAVID F
124 S. FLORIDA AVENUE, SUITE 204
LAKELAND, FL 33801

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

9. Capital Contributions
as Shown on record. \$157,355.34

10. Amount of Capital Contributions
in FLORIDA to date.

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 BUNCH, DAVID F
STREET ADDRESS 124 S. FLORIDA AVENUE, SUITE 204
CITY-ST-ZIP LAKELAND, FL 33801

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000054032740
05/06/05--01115--012 **535.00

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

David F. Bunch

4/18/05 (863) 682-6147

STAPLE CHECK HERE