

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A02735**

1. Entity Name  
**DOWNTOWN LOCKHART, LTD.**



Principal Place of Business  
**380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS, FL 32714**



04072007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1595307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DRAKE, T. MICHAEL  
380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE  
IN THIS SPACE**

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**

000000701042  
04/20/07-80041-007 500.00

**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	<b>DRAKE, T MICHAEL</b>
STREET ADDRESS	<b>380 S. SR 434, SUITE 1004-#114</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
DOCUMENT #	<b>412002</b>
NAME	<b>MCCAMMON, INC.</b>
STREET ADDRESS	<b>234 RIVER VILLAGE DR</b>
CITY-ST-ZIP	<b>DEBARY, FL 32713</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

*T. Michael Drake, General Partner* 4/7/2007 407-682-7078