


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A14752			
1. Entity Name BA-LAKELAND ASSOCIATES, LTD.			
Principal Place of Business 4000-B ST. JOHNS AVENUE SUITE 26 JACKSONVILLE, FL 32205		Mailing Address 4000-B ST. JOHNS AVENUE SUITE 26 JACKSONVILLE, FL 32205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRAVEY, JERRY 4000-B ST. JOHNS AVENUE SUITE 26 JACKSONVILLE, FL 32205		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
9. Capital Contributions as Shown on Record \$1,345,700.00		10. Amount of Capital Contributions in FLORIDA to date.	



01202005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2305528 Applied For Not Applicable

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

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	WALTON, WILLIAM H., JR.		
STREET ADDRESS	4000-B ST. JOHNS AVE.S-26	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
	WEED, JOSEPH D., JR.		
STREET ADDRESS	4000-B ST. JOHNS AVE.S-26	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
	G19370 WWH PROPERTIES, INC.		
STREET ADDRESS	4000-B ST. JOHNS AVE.S-26	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE, FL		
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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04/30/05-80063-022-526.25

STAPLE CHECK HERE

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 executor or trustee empowered to execute this report as required by Chapter 629 Florida Statutes

SIGNATURE: W.H. Watley Jr. 4-21-05 904-388-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #