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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BA-Lake land Associates, LTD (Name of Florida Limited Partnership or Limited Liability Limited Partnership)
DOCUMENT NUMBER: A 14752
The enclosed Statement of Dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
William H. Walton Jr (Contact Person)
(Firm/Company)
4000B St. Johns Avenue Soute 22 S. S. (Address)
4000B St. Johns Avenue, Scute 22 (Address) Tacksonville, FL 32205 (City, State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 388-2225 (Area Code and Daytime Telephone Number)
\$52.50 Filing Fee
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E118 (01/06)

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability

limited partnership:	, 06
1. The name of Limited Partnership or Limited Liability Limited Partnership is:	整 五
BA-Lakeland Associates, LTD	一部。2
2. The name of the dissociating general partner is:	3: 10 FLORICE FLORICE
WWH Properties, Inc.	

Filing Fee: \$52.50 Certified Copy (optional): \$52.50