


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
May 02, 2006 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
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04282006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2305528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CRAVEY, JERRY
4000-B ST. JOHNS AVENUE
SUITE 26
JACKSONVILLE, FL 32205**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 STREET ADDRESS CITY - ST - ZIP	WALTON, WILLIAM H., JR. 4000-B ST. JOHNS AVE. S-26 JACKSONVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WEED, JOSEPH D., JR. 4000-B ST. JOHNS AVE. S-26 JACKSONVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G19370 WWH PROPERTIES, INC. 4000-B ST. JOHNS AVE. S-26 JACKSONVILLE, FL
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05/18/06-80002-016 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: *W. H. Walton, Jr.* 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #