

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


**FILED**

2007 APR 30 AM 10:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

04242007 Chg-LP CR2E003 (12/06)

4. FEI Number  
 59-2305528 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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

7. Name and Address of New Registered Agent

Name: William H. Walton Jr  
 Street Address (P.O. Box Number is Not Acceptable): 4000 B St. Johns Ave.  
Suite 22  
 City: Jacksonville FL Zip Code: 32205

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] DATE: 4/26/07

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	WALTON, WILLIAM H., JR.	CITY-ST-ZIP	
STREET ADDRESS	4000-B ST. JOHNS AVE. S-26		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	
NAME	WEED, JOSEPH D., JR.	CITY-ST-ZIP	
STREET ADDRESS	4000-B ST. JOHNS AVE. S-26		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

200101973312  
 05/08/07-01046-014 \*\*500.00

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: [Signature] DATE: 4/26/07 DAYTIME PHONE #: 904-388-2225

STAPLE CHECK HERE