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.

04242007   Chg-LP   CR2E003 (12/06)

Principal Place of Business	Mailing Address
4000-B ST. JOHNS AVENUE SUITE 26 JACKSONVILLE, FL 32205	4000-B ST. JOHNS AVENUE SUITE 26 JACKSONVILLE, FL 32205

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
CRAVEY, JERRY 4000-B ST. JOHNS AVENUE SUITE 26 JACKSONVILLE, FL 32205	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, typed or printed name of registered agent, and title if applicable.)

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 # NAME WALTON, WILLIAM H., JR. STREET ADDRESS 4000-B ST.JOHNS AVE.S-26 CITY-ST-ZIP JACKSONVILLE, FL	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME WEED, JOSEPH D., JR. STREET ADDRESS 4000-B ST.JOHNS AVE.S-26 CITY-ST-ZIP JACKSONVILLE, FL	STREET ADDRESS CITY-ST-ZIP 200101979312 05/03/07--01046--014 **500.00
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *4/26/07*   Daytime Phone # *904-388-2225*

STAPLE CHECK HERE