

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 24, 2008 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



04172008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

WALTON, WILLIAM H JR  
4000-B ST. JOHNS AVENUE  
SUITE 22  
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

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

U000000919058

05/13/08 80100 006 500.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	WALTON, WILLIAM H., JR.
STREET ADDRESS	4000-B ST. JOHNS AVE.S-26
CITY- ST- ZIP	JACKSONVILLE, FL
DOCUMENT #	L07000107281
NAME	PARTNERSHIP MANAGER, L.L.C.
STREET ADDRESS	4000-B ST. JOHN'S AVENUE, SUITE 22
CITY- ST- ZIP	JACKSONVILLE, FL 32205
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Daytime Phone #

STAPLE CHECK HERE