


**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.	
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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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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 <input type="checkbox"/>	\$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 _____

U00000919058
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 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	L07000107281 PARTNERSHIP MANAGER, L.L.C. 4000-B ST. JOHN'S AVENUE, SUITE 22 JACKSONVILLE, FL 32205
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____