

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 19 AM 11:46



1. Name of Limited Partnership
1a. DOCUMENT #
A20832

LAKELAND A.C.L.C., LTD.

Mailing Address 1605 MAIN ST., SUITE 1111 SARASOTA FL 34236		Principal Office Address 1605 MAIN ST., SUITE 1111 SARASOTA FL 34236		3. Date Formed or Registered 09/21/1985	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/26/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2527127	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent LYONS, JOHN J 1605 MAIN ST., SUITE 1111 SARASOTA FL 34236		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		FL 34236 03/23/98--01124--007 ***526.25 ***526.25	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) BJM MANAGEMENT SERVICES, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1605 MAIN ST., #1111	11b. City, State & Zip Code SARASOTA FL	11c. Registration/Document Number P94000075025
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *By John J Lyons* **BJM MANAGEMENT SERVICES, INC** DATE **2-17-98**
Typed or Printed Name of General Partner Signing Form **BJM MANAGEMENT SERVICES BY JOHN J LYONS** Daytime Telephone Number **941-364-3282**

CR2E003 (12/97)