


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A28998</b> 1. Entity Name <b>M M M LAKEWOOD, LLLP</b>					
Principal Place of Business <b>605 E. ROBINSON STREET, SUITE 620 ORLANDO FL 32801</b>			Mailing Address <b>605 E. ROBINSON STREET, SUITE 620 ORLANDO FL 32801</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2970079</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E003 (11/03)	
6. Name and Address of Current Registered Agent  <b>LAUTERIA, LOUIS H 605 E. ROBINSON STREET, SUITE 620 ORLANDO FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,730,552.39</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	K90067			STREET ADDRESS	
NAME	MCCRORY-LAKEWOOD, INC. ✓			CITY-ST-ZIP	
STREET ADDRESS	605 E. ROBINSON STREET, SUITE 620				
CITY-ST-ZIP	ORLANDO FL 32801				
DOCUMENT #	L13466			STREET ADDRESS	
NAME	JACOBS-LAKEWOOD ESTATES ✓			CITY-ST-ZIP	
STREET ADDRESS	215 E. MAXWELL STREET				
CITY-ST-ZIP	LAKELAND FL				
DOCUMENT #	L07112			STREET ADDRESS	
NAME	MCCULLOUGH-LAKEWOOD ESTS ✓			CITY-ST-ZIP	
STREET ADDRESS	1414 RALEIGH RD., STE. 415				
CITY-ST-ZIP	CHAPEL HILL NC 37517				
DOCUMENT #	L07109			STREET ADDRESS	
NAME	R.F. MAGUIRE-LAKEWOOD ✓			CITY-ST-ZIP	
STREET ADDRESS	1010 EXECUTIVE CENTER DRIVE, STE. 121				
CITY-ST-ZIP	ORLANDO FL 32803				
DOCUMENT #	L14845			STREET ADDRESS	
NAME	CHARLOTTE MAGUIRE-LAKE WOOD ESTATES, INC. ✓			CITY-ST-ZIP	
STREET ADDRESS	4158 COVENANT LANE				
CITY-ST-ZIP	TALLAHASSEE FL				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				2-5-04 407-872-6827 <small>Date Daytime Phone #</small>	



STAPLE CHECK HERE