

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -2 AM 10: 20

DOCUMENT # A28998

1. Entity Name  
M M M LAKEWOOD, LLLP



Principal Place of Business  
605 E. ROBINSON STREET, SUITE 620  
ORLANDO, FL 32801

Mailing Address  
605 E. ROBINSON STREET, SUITE 620  
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32801-2046

32801-2046

01132005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
59-2970079

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

LAUTERIA, LOUIS H  
605 E. ROBINSON STREET, SUITE 620  
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32801-2046

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

9. Capital Contributions  
as Shown on record.

\$2,730,552.39

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # K90067  
NAME MCCRORY-LAKEWOOD, INC.  
STREET ADDRESS 605 E. ROBINSON STREET, SUITE 620  
CITY-ST-ZIP ORLANDO, FL 32801

STREET ADDRESS  
CITY-ST-ZIP 32801-2046

DOCUMENT # L13466  
NAME JACOBS-LAKEWOOD ESTATES  
STREET ADDRESS 215 E. MAXWELL STREET  
CITY-ST-ZIP LAKELAND, FL

STREET ADDRESS  
CITY-ST-ZIP 33803

DOCUMENT # L07112  
NAME MCCULLOUGH-LAKEWOOD ESTS  
STREET ADDRESS 1414 RALEIGH RD., STE. 415  
CITY-ST-ZIP CHAPEL HILL, NC 37517

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # L07109  
NAME R.F. MAGUIRE-LAKEWOOD  
STREET ADDRESS 1010 EXECUTIVE CENTER DRIVE, STE. 121  
CITY-ST-ZIP ORLANDO, FL 32803

STREET ADDRESS 600046418946  
CITY-ST-ZIP 02/11/05--01013--008 \*\*535.50

DOCUMENT # L14845  
NAME CHARLOTTE MAGUIRE-LAKE WOOD ESTATES, INC.  
STREET ADDRESS 4158 COVENANT LANE  
CITY-ST-ZIP TALLAHASSEE, FL

STREET ADDRESS  
CITY-ST-ZIP 32308

DOCUMENT #  
NAME  
STREET ADDRESS  
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE