


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JAN 27 PM 12:05

DOCUMENT # A28998 1. Entity Name M M M LAKEWOOD, LLLP	
--	---

Principal Place of Business 605 E. ROBINSON STREET, SUITE 620 ORLANDO, FL 32801-2046	Mailing Address 605 E. ROBINSON STREET, SUITE 620 ORLANDO, FL 32801-2046
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---



01192006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-2970079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAUTERIA, LOUIS H 605 E. ROBINSON STREET, SUITE 620 ORLANDO, FL 32801-2046	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # K90067 NAME MCCRORY-LAKEWOOD, INC. STREET ADDRESS 605 E. ROBINSON STREET, SUITE 620 CITY-ST-ZIP ORLANDO, FL 328012046	STREET ADDRESS 700065194367 CITY-ST-ZIP 02/06/06 01015-004 ***508.75
DOCUMENT # L13466 NAME JACOBS-LAKEWOOD ESTATES STREET ADDRESS 215 E. MAXWELL STREET CITY-ST-ZIP LAKELAND, FL 33803	STREET ADDRESS 304 KENWITH ROAD CITY-ST-ZIP LAKELAND, FL 33803-2624
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 37517-8834
DOCUMENT # L07109 NAME R.F. MAGUIRE-LAKEWOOD STREET ADDRESS 1010 EXECUTIVE CENTER DRIVE, STE. 121 CITY-ST-ZIP ORLANDO, FL 32803	STREET ADDRESS CITY-ST-ZIP 32803-3521
DOCUMENT # L14845 NAME CHARLOTTE MAGUIRE-LAKE WOOD ESTATES, INC. STREET ADDRESS 4158 COVENANT LANE CITY-ST-ZIP TALLAHASSEE, FL 32308	STREET ADDRESS CITY-ST-ZIP 32308-5765
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 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: _____ Date: 1-21-06 Daytime Phone #: 407-872-6829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE