

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

**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**



03202007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

**LAUTERIA, LOUIS H**  
**605 E. ROBINSON STREET, SUITE 620**  
**ORLANDO, FL 32801-2046**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # **K90067**  
NAME **MCCRORY-LAKEWOOD, INC.**  
STREET ADDRESS **605 E. ROBINSON STREET, SUITE 620**  
CITY-ST-ZIP **ORLANDO, FL 328012046**

DOCUMENT # **L13466**  
NAME **JACOBS-LAKEWOOD ESTATES**  
STREET ADDRESS **304 KENWITH ROAD**  
CITY-ST-ZIP **LAKELAND, FL 338032624**

DOCUMENT # **L07112**  
NAME **MCCULLOUGH-LAKEWOOD ESTS**  
STREET ADDRESS **1414 RALEIGH RD., STE. 415**  
CITY-ST-ZIP **CHAPEL HILL, NC 375178834**

DOCUMENT # **L07109**  
NAME **R.F. MAGUIRE-LAKEWOOD**  
STREET ADDRESS **1010 EXECUTIVE CENTER DRIVE, STE. 121**  
CITY-ST-ZIP **ORLANDO, FL 328033521**

DOCUMENT # **L14845**  
NAME **CHARLOTTE MAGUIRE-LAKE WOOD ESTATES, INC.**  
STREET ADDRESS **4158 COVENANT LANE**  
CITY-ST-ZIP **TALLAHASSEE, FL 323085765**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000677092  
03/30/07-80091-004 508.75

**DO NOT WRITE**  
**IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-20-07**

Date

**407-872-6829**

Daytime Phone #

STAPLE CHECK HERE