2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DO NOT WRITE IN THIS SPACE

FILED Jan 30, 2008 08:00 AM Secretary of State

DOCUMENT # A28998

M M M LAKEWOOD, LLLP



Principal Place of Business

Mailing Address

605 E. ROBINSON STREET, SUITE 620 ORLANDO, FL 32801-2046

605 E. ROBINSON STREET, SUITE 620 ORLANDO, FL 32801-2046



01162008 No Chg-LP

CR2E003 (12/06)

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

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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.

12/05/08-80099-008 500.00

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

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	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
E CHECK HERE	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
N APL	DOCUMENT #	
5	NAME, a	•
	STREET ADDRESS	

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I hereby certify that the information supplied with this fiting 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:

CITY-ST-ZIP

1-21-08

407-872-6329