FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1007



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 JAN -3 PM 12: 06

1991	DIVISION OF C	CORPORATION	^{is} 97 J A	V-3 PMID
Name of Limited Partnership	18.A9600000	0805	97 JAN -3 PM 12: 06	
LAKE MORTON, LTD.				
			901/13	
Mailing Address P.O. BOX 2294 LAKELAND FL 33806-2294	Principal Office Address 5015 SOUTH FLORIDA AVE., SUITE 409 LAKELAND FL 33813		3, Date Formed or Registered 04/26/1996	5a. Capital Contributions as Shown on record. \$30,000.00
			38. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	30,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-33750	Applied For
City & State	City & Stale		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country		Fec Required of State (Sec reverse side for fee information)
9. Name and Address of Current F	Registered Agent		10. If changed, new Register	ed Agent/Office
MADDEN, ROBERT L 5015 SOUTH FLORIDA AVE., SUITE 409 LAKELAND FL 33813		Name Street Address (P.O. Box Number Is Not Acceptable)		
		Suile, Apt #, etc. City Zip Code		
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agont Accepting Appointment)	gistered agent, or both, in the State of FI	ned limited partne	ge was authorized by its general partner(s). I he	FL the State of Florida, submits this statement
A GENERAL PARTNER THAT I	S A CORPORATION, BE REGISTERED AN	LIMITED ND ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of Gonoral Partner(s)	11a. (Do NOT Use Post Office I	ral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THE MORTON GROUP OF LAKELAND	5015 SOUTH FLORIDA	AV	LAKELAND FL 33813	P96000036357
			300002 -01/14 ****3	0579337 /9701176003 48.75 ****348.75
•		}		

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under path. I further certify that I am a General Partner of the limited partnership, receiver or trustee ampowered to execute this report as required by chapter 620, Florida Statutes

 Modelen GREGORY A

MASSEN

. . __ DATE

12-30-96

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(DAS) (DAS)