

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -3 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership LAKE MORTON, LTD.		1a. DOCUMENT # A96000000805	
Mailing Address P.O. BOX 2294 LAKELAND FL 33806-2294		Principal Office Address 5015 SOUTH FLORIDA AVE., SUITE 409 LAKELAND FL 33813	
2. Mailing Address	2a. Principal Office Address	3. Date Formed or Registered 04/26/1996	5a. Capital Contributions as Shown on record \$30,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 12/10/1997	5b. Amount of Capital Contributions in FLORIDA to date \$30,000.00
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 59-3375015 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent MADDEN, ROBERT L 5015 SOUTH FLORIDA AVE., SUITE 409 LAKELAND FL 33813	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) THE MORTON GROUP OF LAKELAND, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5015 SOUTH FLORIDA AV SUITE 409	11b. City, State & Zip Code LAKELAND FL 33813	11c. Registration/ Document Number P96000036357
--	--	---	--

8000002803278-- 9
-03/11/99-01120--006
****307.50 ****307.50

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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

LAKE MORTON, LTD. BY: THE MORTON GROUP OF LAKELAND, INC., ITS GEN. PARTNER
SIGNATURE **BY: Robert L. Madden, Pres** DATE **3-1-99**
ROBERT L. MADDEN, PRESIDENT
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number **941-648-1001**

CR2E003 (12/98)