


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

DOCUMENT # A96000000805		
1. Entity Name LAKE MORTON, LTD.		

Principal Place of Business 5015 SOUTH FLORIDA AVE., SUITE 409 LAKELAND FL 33813	Mailing Address P.O. BOX 2294 LAKELAND FL 33806-2294
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 19 AM 10:30



MOORE CR2E003 (11/03)

2. Principal Place of Business <b>6810 NEW TAMPA HWY</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 100</b>		Suite, Apt. #, etc.	
City & State <b>LAKELAND, FL</b>		City & State	
Zip <b>33815</b>	Country <b>USA</b>	Zip	Country

4. FEI Number <b>59-3375015</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MADDEN, ROBERT L 5015 SOUTH FLORIDA AVE., SUITE 409 LAKELAND FL 33813
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7. Name and Address of New Registered Agent Name <b>SAME NAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>6810 NEW TAMPA HWY</b> <b>SUITE 100</b> City <b>LAKELAND</b> FL <b>33815</b>
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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.  SIGNATURE <u>Robert L. Madden, ROBERT L. MADDEN</u> 2/14/04 Signature, typed or printed name of registered agent and title if applicable. DATE
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9. Capital Contributions as Shown on record. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000036357 THE MORTON GROUP OF LAKELAND, INC. 5015 SOUTH FLORIDA AVE., SUITE 409 LAKELAND FL 33813	STREET ADDRESS CITY-ST-ZIP	<b>6810 NEW TAMPA HWY, STE 100</b> <b>LAKELAND, FL 33815</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000029744340</b> <b>03/03/04--01005--028 **298.75</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert L. Madden, ROBERT L. MADDEN</u> 2/14/04 <b>(863) 802-1004</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #	
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STAPLE CHECK HERE