

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # A0000000151

1. Entity Name
 LAKE HART INVESTORS, LTD.

Principal Place of Business 450 S. ORANGE AVE. ORLANDO FL 328013336	Mailing Address 450 S. ORANGE AVE. ORLANDO FL 328013336
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 4920 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	4. FEI Number 59-3624911	Applied For <input type="checkbox"/> Not Applicable
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Zip 328024920	Country	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 BOURNE ROBERT A 450 S. ORANGE AVE. ORLANDO FL 328013336		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ DATE **04/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 3,491,050.00	10. Amount of Capital Contributions in FLORIDA to date. 8,950.00	11. MAKE CHECK PAYABLE TO 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 #	LAKE HART INVESTORS, INC.	STREET ADDRESS	
NAME	450 S. ORANGE AVE.	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO FL 328013336		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: LYNN E. ROSE S **04/04/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)