

2002 UNIFORM BUSINESS REPORT (UBR)

0001942 AV

DOCUMENT # **A02476**

1. Entity Name

LAKEHAVEN APARTMENT ASSOCIATES, LTD.

FILED

02 MAR 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

RR1 BOX 680
FAIRFAX VT 05454

C/O MARK R RUBIN
P.O. BOX 402279
MIAMI BEACH FL 33140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-1507053

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACK UMHOLTS
FEDHAVEN APARTMENTS, #500A
FEDHAVEN CIRCLE
FEDHAVEN FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$34,606.25

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P96000009814**
NAME **LAKEHAVEN APARTMENTS, INC.**
STREET ADDRESS **500 FEDHAVEN CIRCLE**
CITY-ST-ZIP **FEDHAVEN FL 33854**

STREET ADDRESS

CITY-ST-ZIP

200005171922--5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

03/27/02 01040 031

****330.99 ****330.99

DOCUMENT #
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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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark Rubin 3/18/02 305-538-4314

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE