


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002014 AV

DOCUMENT # A02476 1. Entity Name LAKEHAVEN APARTMENT ASSOCIATES, LTD.	
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FILED

03 APR 15 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business RR1 BOX 680 FAIRFAX VT 05454	Mailing Address C/O MARK R RUBIN P.O. BOX 402279 MIAMI BEACH FL 33140
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DUE BY MAY 1, 2003	
4. FEI Number 59-1507053	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACK UMHOLTS FEDHAVEN APARTMENTS, #500A FEDHAVEN CIRCLE FEDHAVEN FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 1.2em;"> 200016020688 04/15/03--01087--006 **330.99 </div> City FL Zip Code
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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$34,606.25	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 #	P96000009814	STREET ADDRESS	
NAME	LAKEHAVEN APARTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	500 FEDHAVEN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL 33854	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Mark R. Rubin* **SIGNATURE REQUIRED** *Rubin* *4/1/03* *305-536-4314*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)