2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06688

FILED
02 MAY -6 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000082 AT

1. Entity Name

LAKE RUSSELL LIMITED

Principal Place of Business
4562 WHISPER CIR.
PENSACOLA FL 32504

Mailing Address
4562 WHISPER CIR.
PENSACOLA FL 32504

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DUE BY MAY 1, 2002

4. FEI Number 59-1899613 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIDER, GRACE B
4562 WHISPER CIR.
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name: GRACE B. GRIDER
Street Address (P.O. Box Number is Not Acceptable): 4562 WHISPER CIR.
City: PENSACOLA FL Zip Code: 32504

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: Grace B. Grider — DATE: 4/05/02
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $76,848.89

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 #	P97000050144	STREET ADDRESS	
NAME	DIVERSIFIED SHELTERS,INC	CITY-ST-ZIP	000005556060--1 -05/17/02--01005--007
STREET ADDRESS	4562 WHISPER CIR.		*****88.75 *****88.75
CITY-ST-ZIP	PENSACOLA FL 32504		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000005556060--1 -05/17/02--01005--008 ****437.50 ****437.50
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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: SIGNATURE REQUIRED Grace B. Grider (DSI) — 4/05/02 — 850-477-1996

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

CR2E003 (9/01)