

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBB)

0007364 AT

DOCUMENT # A12576

1. Entity Name
EAGLE LAKE, LTD.



FILED

03 APR 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
5000 N.W. 27TH COURT
SUITE E
GAINESVILLE FL 32606

Mailing Address
5000 N.W. 27TH COURT
SUITE E
GAINESVILLE FL 32606



2. Principal Place of Business 2638-5
KORDEX 186

3. Mailing Address
PO Box 186 4/22

4. FEI Number 59-2267288

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

DUE BY MAY 1, 2003

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

SABIS, WILLIAM R.
5000 N.W. 27TH CT.
SUITE E
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: *Conder Prop. Maint Inc*

Street Address (P.O. Box Number is Not Acceptable):
PO Box 186 2638-5

City: *Melrose* State: **FL** Zip Code: *32666*

8. The above named entry 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: *[Signature]* DATE: *3/28/03*

9. Capital Contributions as Shown on record. \$130,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

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	
DOCUMENT #	SABIS, WILLIAM R. (KORDEX)
NAME	5000 N.W. 27TH COURT #E
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>PO Box 186 2638-5</i>
CITY-ST-ZIP	<i>Melrose, FL 32666</i>
STREET ADDRESS	<i>2638-5 State Rd 21</i>
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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (10/02)