

2001 UNIFORM BUSINESS REPORT (UBR)

0002908 AF

DOCUMENT # A28815
1. Entity Name
 BOYNTON BEACH LAKES, LTD.

FILED

01 APR 30 PM 3:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 815 W. BOYNTON BEACH BOULEVARD 1946 TYLER STREET
 BOYNTON BEACH FL 33426 HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 31-1279323 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ATKINSON, WILSON C., III
 1946 TYLER STREET
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1800 S. Pine Island Rd.
 City **Plantation** FL Zip Code **33324**

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 *Carol Record* **Carol Record** DATE **4-27-01**
(Signature, typed or printed name of registered agent and title if applicable. (If a Registered Agent signature is required when filing, state "As Required".))

9. Capital Contributions as Shown on record. \$1,320,000.00 **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	
DOCUMENT #	BRISBEN, WILLIAM O.
NAME	7800 E. KEMPER ROAD
STREET ADDRESS	CINCINNATI OH 45241
CITY-ST-ZIP	
DOCUMENT #	P22943
NAME	W.O. BRISBEN COMPANIES INC.
STREET ADDRESS	7800 E. KEMPER ROAD
CITY-ST-ZIP	CINCINNATI OH
DOCUMENT #	
NAME	SCHULER, ROBERT E.
STREET ADDRESS	7800 E. KEMPER ROAD
CITY-ST-ZIP	CINCINNATI OH
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200004195322--3
	-05/11/01--01032--026
	****385.00 ****385.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	200004195322--3
	-05/11/01--01032--027
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Robert E. Schuler* **Robert E. Schuler, VP** Date **4/24/01** Daytime Phone # **(518) 469-5113**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)

CR2E003 (11/00)