

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002875
 Entity Name
LARK PROPERTIES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Principal Place of Business
 11500 - 47TH STREET, NO.
 CLEARWATER FL 33762

Mailing Address
 11500 - 47TH STREET, NO.
 CLEARWATER FL 33762-4955

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

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

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-7139350** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HINES, JAMES P ESQ.
 HINES & ASSOCIATES, P.A.
 315 S. HYDE PARK AVENUE
 TAMPA FL 33606

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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.

2. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L98000003415 LARK PROPERTY MANAGEMENT, LLC 11500 - 47TH STREET, NO. CLEARWATER FL 33762
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13. ADDRESS CHANGES ONLY	
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CITY - ST - ZIP	
STREET ADDRESS	
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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: *Lee R. Zuber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3-02-00** Daytime Phone # **727-573-2323**

CRZE003 (9/99)