

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010285 AF

**DOCUMENT #** A98000002875  
**1. Entity Name**  
 LARK PROPERTIES, LTD.

**FILED**

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

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

MAR -1 PM 12: 09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

**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** \_\_\_\_\_ (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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L98000003415
NAME	LARK PROPERTY MANAGEMENT, LLC
STREET ADDRESS	11500 - 47TH STREET, NO.
CITY-ST-ZIP	CLEARWATER FL 33762
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	
CITY-ST-ZIP	100003802241--3
STREET ADDRESS	-03/06/01--01065--019
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
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:** Lee R Kemberling  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 DATE: 2/26/01 DAYTIME PHONE #: 727-573-2323

CR2E003 (11/00)