

2001 UNIFORM BUSINESS REPORT (UBR)

0000033 AF

DOCUMENT # A00000000650

1. Entity Name
ONE LAKESIDE PARTNERS, LTD.

Principal Place of Business
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.


City & State
City & State

Zip **Country** **Zip** **Country**

FILED

01 FEB 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALEXANDER, LARRY B ESQ.
C/O JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

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. \$8,000,000.00

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 #	F99000003225
NAME	NAVARRO LOWREY, INC.
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE 1100
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	200003768742--1
STREET ADDRESS	-02/26/01--01151--012
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: _____ **SIGNATURE REQUIRED** **2/14/01** **970895-9003**

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

CR2E003 (11/00)