

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002024

1. Entity Name
LAKEHURST VILLAGE LIMITED PARTNERSHIP



FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7170 RIVERWOOD DRIVE
COLUMBIA, MD ~~22802~~ 21046

Mailing Address
7170 RIVERWOOD DRIVE
COLUMBIA, MD ~~22802~~ 21046



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number
52-2308143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLETTA, JAMES ESQ.
C/O LOWNDES, DROSDICK, ET AL
215 NORTH EOLA DRIVE
ORLANDO, FL 32802

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000002765
NAME HUMPHREY-FLORIDA CORP.
STREET ADDRESS 7170 RIVERWOOD DRIVE
CITY-ST-ZIP COLUMBIA, MD ~~22802~~ 21046

STREET ADDRESS
CITY-ST-ZIP 06/04/03--01067--004 **150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sr. V.P.

5/30/03

443-259-4900

Bethany H. Hooper

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE