

2002 UNIFORM BUSINESS REPORT (UBR)

0014375 AT

DOCUMENT # A01000000474

1. Entity Name

LAKE POINTE VILLAGE, LTD.

FILED

02 MAY -1 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5015 SOUTH FLORIDA AVE.
LAKELAND FL 33813

Mailing Address

5015 SOUTH FLORIDA AVE.
LAKELAND FL 33813



2. Principal Place of Business

3. Mailing Address

500 S. Florida Ave
Suite # 700

PO Box 5252
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Lakeland FL

City & State
Lakeland FL

4. FEI Number

59-3713759

Applied For

Not Applicable

Zip
33801

Country
USA

Zip
33807

Country
USA

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

MAXWELL, LAWRENCE T
5015 SOUTH FLORIDA AVE.
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave
700

City

Lakeland

FL

Zip

33801

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

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 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 # G23570
NAME CRF MANAGEMENT CO., INC.
STREET ADDRESS 5150 SOUTH FLORIDA AVE., SUITE 200
CITY-ST-ZIP LAKELAND FL 33813

STREET ADDRESS

500 S. Florida Avenue, #700
Lakeland, FL 33801

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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:

Maxwell, Lawrence T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

Daytime Phone #

CR2E003 (9/01)