

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016629 AT

DOCUMENT # A01000000476



1. Entity Name
SOUTH LAKE HOLDINGS, LTD.

FILED

03 MAY -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
301 SOUTH LAKE STREET
LEESBURG FL 34748

Mailing Address
301 SOUTH LAKE STREET
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **APPLIED FOR**
01-0676451

Applied For

Not Applicable

Zip

Country

Zip

Country

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

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131

Name

STEWART JACOBSON

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

950 SOUTH FEDERAL HIGHWAY

City

HELLYWOOD

FL

Zip Code

330078

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]
Signature of person who printed name of registered agent and title if applicable.

DATE

4/30/01

9. Capital Contributions
as shown on record

\$0.00

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 # L00000007411
NAME INTERCOMMUNITY HOLDING CO., L.L.C.
STREET ADDRESS 301 SOUTH LAKE STREET
CITY-ST-ZIP LEESBURG FL 34748

STREET ADDRESS

CITY-ST-ZIP

500017922991
05/05/03--01006--003 **141.25

DOCUMENT #
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03

Date

Daytime Phone #

352-386-2224

CR2E003 (10/02)

STAPLE CHECK HERE