

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014893 AT

DOCUMENT # A01000001233

1. Entity Name  
PARK LANE ASSOCIATES I, LTD.



FILED  
03 APR 22 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
15065 MCGREGOR BLVD., SUITE 108  
FT. MYERS FL 33908

Mailing Address  
15065 MCGREGOR BLVD., SUITE 108  
FT. MYERS FL 33908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1137231

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

HENSLEY, ROBERT D  
15065 MCGREGOR BLVD., SUITE 108  
FT. MYERS FL 33908

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. \$2,000,000.00

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 # P95000089303  
NAME GROSSE POINTE DEVELOPMENT COMPANY, INC.  
STREET ADDRESS 15065 MCGREGOR BLVD., SUITE 108  
CITY-ST-ZIP FT. MYERS FL 33908

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P97000002222  
NAME RAPENBURCH FLORIDA, INC.  
STREET ADDRESS AKKERDREEF 385, 2723 XZ  
CITY-ST-ZIP ZOETERMEER, THE NETHERLANDS

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

4/7/03 239-437-5007

CR2E003 (10/02)