

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000862

1. Entity Name  
ANCHOR - FAIRMOUNT/LAKEVIEW, LTD.



Principal Place of Business:  
500 SOUTH FLORIDA AVENUE, SUITE 700  
LAKELAND FL 33801

Mailing Address  
500 SOUTH FLORIDA AVENUE, SUITE 700  
LAKELAND FL 33801

FILED

03 MAY -2 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

02-0621513

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

McFARLANE, PETER A P.A.  
500 SOUTH FLORIDA AVENUE, SUITE 700  
LAKELAND FL 33801

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.

\$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 # L02000017716  
NAME ANCHOR MANAGEMENT, LLC  
STREET ADDRESS 500 S. FLORIDA AVE., #700  
CITY-ST-ZIP LAKELAND FL 33801

STREET ADDRESS

CITY-ST-ZIP

200017925122  
05/05/03--01008--024 \*\*535.00

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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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/03

Date

863-647-1581

Daytime Phone #

0014438 AT

CR2E003 (10/02)