

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 JAN 15 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # A03000000004  
1. Entity Name  
EAGLE LAKE APARTMENTS, LTD.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2937 SW 27 Avenue

3. Mailing Address  
2937 SW 27 Avenue

Suite, Apt. #, etc.  
Suite 303

Suite, Apt. #, etc.  
Suite 303

**DUE BY MAY 1**

City & State  
Coconut Grove, FL

City & State  
Coconut Grove, FL

4. FEI Number

Applied For

Applied For

Not Applicable

Zip  
33133

Country  
USA

Zip  
33133

Country  
USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable)  
2200 Museum Tower

150 West Flagler Street

City  
Miami

FL

Zip Code  
33130

**DO NOT WRITE  
IN THIS SPACE**

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. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$99.00**

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

DOCUMENT # P02000135035  
NAME Eagle Lake Apartments, Inc.  
STREET ADDRESS 2937 SW 27 Avenue, Ste. 303  
CITY-ST-ZIP Coconut Grove, FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100010160531

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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:

*Bruce Greer*

Bruce Greer

1/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Division Phone #

STAPLE CHECK HERE

CR2E003B (12/02)



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ACCOUNT NO. : 072100000032  
 REFERENCE : 893869 4311473  
 AUTHORIZATION : *Patricia Pigute*  
 COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2003  
 ORDER TIME : 11:02 AM  
 ORDER NO. : 893869-025  
 CUSTOMER NO: 4311473  
 CUSTOMER: Jackie Gerstenfeld, Paralegal  
 Stearns Weaver Miller  
 Museum Tower, Suite 2200  
 150 West Flagler Street  
 Miami, FL 33130

ANNUAL REPORT FILING

NAME: EAGLE LAKE APARTMENTS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_