2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A03233 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name EVERGLADES LAKES MOBILE HOME COMMUNITY, LTD. 00 JUL 20 PM 1: 25 Mailing Address Principal Place of Business 2900 S.W. 52ND AVE. 2900 S.W. 52ND AVE. FT. LAUDERDALE FL 33314-1925 FT. LAUDERDALE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1408382 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGER D. HAAGENSON, ESQ XBEXXXXXBEAKXX Street Address (P.O. Box Number is Not Acceptable)
CUMBERLAND BUILDING ZOON SAN BOND AVENUE PT. LAUDERDALE: PL PL 33314 800 E. BROWARD -BLVD #601 Zip Code 3 3 3 0 1 FT. LAUDERDALE, FL 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. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$9,978.28 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. --- 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. DOCUMENT# STREET ADDRESS BLASS DORIS NAME X9X07XNEX80THXXXXXXX STREET ADDRESS CITY - ST - ZIP MIXINIXEXXX CITY-SIT-ZIP <u>500003241375-- 4</u> G93011000041/ IRVING COOPER TRUSTEE IRVING COOPER PROP. 19707 M.E. 36TH, COUPT 17 -05/05/00--01092--001 DOCUMENT # STREET ADDRESS \*\*\*\*<u>450.00 \*\*\*\*150.00</u> NAME STREET ADDRESS CITY - ST - ZE LOS ANGELES CAVXX CITY-ST-ZIP COOPER & BLASS INVESTMENTS, DOCUMENT# 500003241375-STREET ADDRESS A-FL- LIMITED-PARTNERSHIP MARKE <del>-08/08/00-1-01059-1-001</del>-STREET ADDRESS \*\*\*\*\*\*8.59 \*\*\*\*\*\*8.59 2900 S.W. 52nd AVENUE CITY-ST-ZIF CITY-ST-ZIP ĎÄVIE. FL 33314 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIF

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME <> STREET ADDRESS

SINATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/00

Daytime Phone #