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• 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT.(IJBR)

DOCUMENT # A	03233
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1. Entity Name

EVERGLADES LAKES MOBILE HOME COMMUNITY, LTD.



Y, LTD.	
na Address	_

SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Maili 2900 S.W. 52ND AVE. 2900 S.W. 52ND AVE. FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 59-1408382 City & State City & State Applied For Not Applicable Zip <; 2 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required v. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAAGENSON, ROGER D ESQ. Street Address (P.O. Box Number is Not Acceptable) CUMBERLAND BUILDING -800 E. BROWARD BLVD., STE, 601 FT. LAUDERDALE FL 33301 City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$9,978.28 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13 A97000000402 DOCUMENT # STREET ADDRESS COOPER & BLASS INVESTMENTS, LTD. NAME STREET ADDRESS 2900 S.W. 52ND AVENUE 400018564064 CITY-ST-ZIP FORT LAUDERDALE FL 33314 CITY-ST-ZIP 06/23/03--01057--007 **69.06 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 400018564064 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP

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-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE;

DOCUMENT #

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/03

05457463/5 Daytime Phone # CR2E003 (10/02)