2002 UNIFORM BUSINESS REPORT (UBR) WALKARE A06113 **DOCUMENT #** 1. Entity Name 02 APR 18 PH 2: 23 AIRPARK PLAZA, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 701 BRICKELL AVE 701 BRICKELL AVE STE. 1400 STE. 1400 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-1782190 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PITTS, W. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 1400** MIAMI, FL FL 33131 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$590,030.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 M34390 DOCUMENT # STREET ADDRESS -04/25/02--01016--024 LANCASTER DEVCORP, INC. NAME 701 BRICKELL AVE., SUITE 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2822 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 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 to secure this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true and the receiver or trustee emplowered 305-379-8467 SIGNATURE: