## ≈2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **A08000** 1. Entity Name FILED LAKESIDE APARTMENTS LIMITED 00 FEB 18 AM 10: 25 Principal Place of Business Mailing Address 701 SE 7TH STREET 701 SE 7TH STREET SECRETARY OF STATE STUART FL 34995 STUART FL 34994-2309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-22 19602 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent: OAKOWSKY, EDWARD Number is Not Acceptable) 701 EAST 7TH STREET Sign deceased STUART FL 34995 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. SIGNATUR 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$20,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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 OAKOW9KY, EDWARD NAME 116 S.E. VILLAS STREET alclaseer STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIF F25726 DOCUMENT# STREET ADDRESS 101 SE Martin Lither King Blud STUART LAKESIDE CORP NAME STREET ADDRESS 701 E. 7TH STREET CITY-ST-ZIP CITY-ST-ZIP STUART FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 200003139142-CITY-ST-ZIP CITY-ST-ZIP -02/18/00--01011-\*\*\*\*535.00 \*\*\*\*\* DOCUMENT# STREET ADDRESS NAME. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-782

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-ZIP

STREET ADDRESS

SIGNATURE:

DQSUMENT#

ST-ZIP ج ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND LYPED OF PRINTED NAME OF SIGNING GENEVAL PARTNER

1-24-00 561-287-187

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