

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (LPR)

0016776 AT

DOCUMENT # **A08000**

1. Entity Name
LAKESIDE APARTMENTS LIMITED



FILED

03 FEB 14 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PO#148.75

Principal Place of Business
701 SE 7TH STREET
STUART FL 34995

Mailing Address
701 SE 7TH STREET
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-2219602**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKOWSKY, CHARLENE D.

316 S.E. ASHLEY OAKS WAY

STUART FL 34997

Name **Charlene D. Oakowsky**

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

613 SE Ashley Oaks Way

City **Stuart**

FL

Zip Code **34997**

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.

1-21-03

DATE

9. Capital Contributions
as Shown on record.

\$20,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **OAKOWSKY, CHARLENE**
STREET ADDRESS **613 S.E. ASHLEY OAKS WAY**
CITY-ST-ZIP **STUART FL 34997**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **F25726**
STREET ADDRESS **STUART LAKESIDE CORP**
STREET ADDRESS **701 SE. MARTIN LUTHER KING BLVD.**
CITY-ST-ZIP **STUART FL 34994**

STREET ADDRESS
CITY-ST-ZIP
500010965315
01/27/03--01077--025 **148.75

DOCUMENT #
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500010965315
02/12/03--01006--016 **80.75

DOCUMENT #
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-03

Date

772-287-877

Daytime Phone #

CR2E003 (10/02)