

2000 UNIFORM BUSINESS REPORT (UBR)

0001793 AF

DOCUMENT # **A11214**

1. Entity Name

LEMONTREE APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

1015 WEST BELL ST.
AVON PARK FL 33825

Mailing Address

201 SOUTH AMELIA AVE.
UNIT B-3
DELAND FL 32724-5945



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2167875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTRAL MANAGEMENT CO.
ATTN. ROBERT A. GUIRLINGER
201 SOUTH AMELIA AVENUE, UNIT B-3
DELAND FL 32724**

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$475,020.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **P31179**
NAME **CENTRAL MANAGEMENT CO.**
STREET ADDRESS **201 SOUTH AMELIA AVENUE, UNIT B-3**
CITY - ST - ZIP **DELAND FL 32724**

STREET ADDRESS

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500003229515
04/28/00 01097-014
****\$35.00 ****\$35.00

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:

Donald R. Hays
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-00

Date

614 863 2727

Daytime Phone #

CR2E003 (9/99)