

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # A14144**1. Entity Name  
**LAKE INVESTMENTS LTD.****Principal Place of Business**C/O JIM DONOVAN  
3830 JOG ROAD  
LAKE WORTH  
33467

FL

**Mailing Address**4620 LEE HIGHWAY  
SUITE 202  
ARLINGTON  
22207

VA

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2402055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**D'ANGIO ROBERT AJR. ESQ  
218 DATURA STREET

WEST PALM BEACH

33402

US

FL

**7. Name and Address of New Registered Agent**

Name

D'ANGIO ROBERT AJR. ESQ

Street Address (P.O. Box Number is Not Acceptable)  
685 ROYAL PALM BEACH BLVD.

SUITE 205

City

ROYAL PALM BEACH

FL

Zip Code  
33411

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 **ROBERT A. D'ANGIO****04/24/2001**

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. **15,000.00****10. Amount of Capital Contributions**in FLORIDA to date. **15,000.00****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**DOCUMENT #  
NAME **FEDERAL PROPERTY COMPANY, INC.**  
STREET ADDRESS **3830 JOG ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33467**DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:** Jim Donovan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/24/2001

Date

Daytime Phone #

CR2E003 (11/00)