

2002 UNIFORM BUSINESS REPORT (UBR)

0019782 AB

DOCUMENT # A14957

1. Entity Name

CAMBRIDGE SQUARE OF LAUDERDALE LAKES ASSOCIATES
II, A LIMITED PARTNERSHIP

Principal Place of Business

P.O. BOX 40177
INDIANAPOLIS IN 46240

Mailing Address

P.O. BOX 40177
INDIANAPOLIS IN 46240

FILED

02 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

BJH



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, 2002

4. FEI Number

35-1571259

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

KARNS, LARRY A

7332 NW FIFTH ST
PLANTATION FL 33317

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.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 #
NAME SMITH, ANITA S
STREET ADDRESS 8330 WOODFIELD CROSSING BLVD., SUITE 200
CITY-ST-ZIP INDIANAPOLIS IN 46240

STREET ADDRESS

CITY-ST-ZIP

900005664199--7
-06/03/02--01024--013

DOCUMENT #
NAME BISESI, JAMES T
STREET ADDRESS 8617 SEAWARD LANE
CITY-ST-ZIP INDIANAPOLIS IN 46256

STREET ADDRESS

CITY-ST-ZIP

****141.25 ****141.25

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (9/01)

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

4/30/02

(317) 469-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #