

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016606 AF

DOCUMENT # A16370

1. Entity Name

LAKE WORTH VILLAGE, LTD.

Principal Place of Business

31550 NORTHWESTERN HIGHWAY, SUITE 200  
FARMINGTON HILLS MI 48334

Mailing Address

31550 NORTHWESTERN HIGHWAY, SUITE 200  
FARMINGTON HILLS MI 48334

FILED

01 FEB 12 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE FL 02/01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2413382

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

~~\$4,200,000.00~~

10. Amount of Capital Contributions  
in FLORIDA to date.

- 0 -

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 PARTRICH, SPENCER M  
STREET ADDRESS 31550 NORTHWESTERN HWY., STE. 200  
CITY-ST-ZIP FARMINGTON HILLS MI 48334

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME SHAPIRO, MICKEY  
STREET ADDRESS 31550 NORTHWESTERN HWY., STE. 200  
CITY-ST-ZIP FARMINGTON HILLS MI 48334

STREET ADDRESS

CITY-ST-ZIP

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/24/01 (248) 851-2700

CR2E003 (11/00)