

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002919 AB

DOCUMENT # A16370

1. Entity Name

LAKE WORTH VILLAGE, LTD.

FILED

02 SEP 16 AM 9:00

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



Principal Place of Business  
31550 NORTHWESTERN HIGHWAY, SUITE 200  
FARMINGTON HILLS MI 48334

Mailing Address  
31550 NORTHWESTERN HIGHWAY, SUITE 200  
FARMINGTON HILLS MI 48334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

~~\$4,200,000.00~~ 0

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  
STREET ADDRESS  
CITY-ST-ZIP

PARTRICH, SPENCER M  
31550 NORTHWESTERN HWY., STE. 200  
FARMINGTON HILLS MI 48334

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SHAPIRO, MICKEY  
31550 NORTHWESTERN HWY., STE. 200  
FARMINGTON HILLS MI 48334

STREET ADDRESS

CITY-ST-ZIP

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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: *X* SIGNATURE *SPENCER M. PARTRICH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/1/02 (248) 851-2700

CR2E003 (4/02)