

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16495**

1. Entity Name  
**LAKES OF NORTHDAL, LTD.**

Principal Place of Business  
**2201 CORPORATE BLVD NW, SUITE 200  
BOCA RATON FL 33431**

Mailing Address  
**2201 CORPORATE BLVD NW, SUITE 200  
BOCA RATON FL 33431-7337**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **38-2542940** 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

**DEUTCH, JEFFREY A.  
BROAD & CASSEL  
7777 GLADES RD.  
BOCA RATON FL 33434**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$2,218,910.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

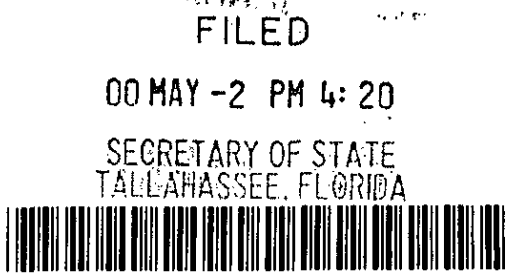
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>856211 ALTMAN DEVELOPMENT CORP. 2300 CORPORATE BLVD, NW BOCA RATON FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>33431</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P01476 C.R.H.C., INCORPORATED 11200 ROCKVILLE PL, #4 ROCKVILLE MD</b>	STREET ADDRESS CITY - ST - ZIP	<b>20852</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>100003286781-3 -06/13/00--01036--002 ****526.25 ****526.25</b>
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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: **By: Altman Development Corp. GP**  
**SIGNATURE REQUIRED** **CHAIRMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2:001 (1/98)