

2001 UNIFORM BUSINESS REPORT (UBR)

0007563 AF

DOCUMENT # A16495

1. Entity Name
LAKES OF NORTHDAL, LTD.

FILED
01 APR 24 PM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 38-2542940		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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
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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 # 856211	ALTMAN DEVELOPMENT CORP	STREET ADDRESS	
NAME	2300 CORPORATE BLVD, NW	CITY-ST-ZIP	33431
STREET ADDRESS	BOCA RATON FL	STREET ADDRESS	NYL 4/24
CITY-ST-ZIP		CITY-ST-ZIP	20852
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	400004163024--1
CITY-ST-ZIP		CITY-ST-ZIP	-05/08/01--01110--029
DOCUMENT #		STREET ADDRESS	***526.25 ***526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *By SIGNATURE REQUIRED* **CHAIRMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)