

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
 02 MAR 13 AM 9:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A16495**

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

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



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 **38-2542940**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

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	
DOCUMENT #	<b>856211</b>
NAME	<b>ALTMAN DEVELOPMENT CORP</b>
STREET ADDRESS	<b>2300 CORPORATE BLVD, NW</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
DOCUMENT #	<b>P01476</b>
NAME	<b>C.R.H.C., INCORPORATED</b>
STREET ADDRESS	<b>11200 ROCKVILLE PL, #4</b>
CITY-ST-ZIP	<b>ROCKVILLE MD 20852</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**BK**

**100005135191--3**  
**-03/19/02--01075--013**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **CHAIRMAN**

CR2E003 (9/01)