APPRUVEL AND

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A16941								1 [1.	hang the T	
1. Entity Name  THE LAKES AT LEESBURG, LTD.							02 MAY 31 PM 2: 35			
								SECRETARY OF STATE		
Principal Place of Business Mailing Address								TALLAHASSE	E, FLORIDA	
6160 SO. SYRACUSE WAY 6160 SO. SYRACUSE WAY										
GREENWOOD VILLAGE CO 80111 GREENWOOD VILLAGE CO 801										
,										
Principal Place of Business     Address     Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.										
City & Create						DUE BY MAY 1, 2002				
City & State City & State						-	4. FEI Number	59-3227828	Applied For Not Applicable	
Zip Country				Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Register				tered Agent				7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY						Name				
1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525										
						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.										
CICNATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									ATE	
9. Capital Contributions as Shown on record.  \$558,261.00  10. Amount of Capital Company in FLORIDA to date.						butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A G NOTE:	ENERAL PARTNER General Partners M	THAT AY NO	IS A BUSINESS EN T be changed on ti	ITITY M he form	IUST BE REGIS	STERED AND AC	CTIVE WITH THIS OF I to change a general	FICE. partner.	
12.	•	GENERAL PARTNE			13.	·	ADDRESS CHANGES ONLY			
DOCUMENT # NAME	F93000004837 CHATEAU COMMUNITIES, INC.					EET ADDRESS	3000056952432 -06/06/0201085008			
STREET ADDRESS	6160 SO. SYRACUSE WAY				CITY	-ST-ZIP	****437.50 ****437.50			
DOCUMENT #	GREENWA	JOD VILLAGE CO 801			+		30		<u>52432</u>	
NAME					STRE	ET ADDRESS		-05/05/02 *****88_7	01085009 '5 *****88.75	
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			,	
DOCUMENT # NAME	·	- e man han			STRE	ET ADDRESS · ·	· ••• • .			
STREET ADDRESS					CITY	-ST-ZiP				
DOCUMENT #						J. L.				
NAME					STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ļ				CITY	-ST-ZIP		<del></del>		
DOCUMENT #				·	STRE	ET ADDRESS				
NAME STREET-ADDRESS										
CITY-ST-ZIP					CITY	-ST-ZIP			4	
DOCUMENT /					STRE	ET ADDRESS				
STREET ADDRESS					CITY	-ST-ZIP				
14. I hereby o	ertify that the	information supplied with	this fill	ing does not qualify for	L		Section 119 07/3//0	Florida Statutas I further	certify that the information	
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										
LAKES AT LEESBURD, LTD BT: CHATEAD COMMUNITIES INC										
SIGNATURE: BY: SIGNATURE AND MICH OFO 185/01										