200	ם	UNIFORM	BUSINESS	REPORT	(UBR
	7				L

DOCUI 1. Entity Name		# A1836	64 🦟 "	FILED	1 <u>2</u> :		
LAKE SIE	DE ASSOC	IATES, LTD.			\$526.25	00 JAN 27 PM 3: 24	
Principal Place of Business Mailing Address 2828 CORAL WAY 2828 CORAL WAY					7/6.03	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
PENTHOUSE SUITE PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145-3214				·			
2. Principal Place of Business 3. N				Mailing Address		, , , , , , , , , , , , , , , , , , , ,	••
Suite, Apt, #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number 13-3245542 Applied For Not Applied	
Zip		Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent	\exists
PEREZ, JORGE M.					Street Address	PENANCE HARBET	_
2828 COR PH-1	RAL WAY					Pa Box Nymber is Not Acceptable! Char	
MIAM! FL	33145				City	1:000 FL 399145	_
8. The above	named entit	y submits this statement	or the purpose of changing	its register	office or register	red agent, or both, in the State of Florida.	_
SIGNATURE _	Signature, typed	or printed name of registered agen	At and title if applicable. (I	NOTE: Registered	d Agent signature requires	when reinstating) DATE	
Spirate Contributions as Shown on record. Spirate Sp						11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	•
	A (GENERAL PARTNER	THAT IS A BUSINESS AY NOT be changed or	ENTITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.		GENERAL PARTNE		13.		ADDRESS CHANGES ONLY	$\exists_{\mathfrak{s}}$
DOCUMENT# NAME	THE DELATED COMPANIES OF ELOPIDA INC.			STREET ADDRESS			6/6)
STREET ADDRESS CITY - ST - ZIP -	2828 COF MIAMI FL	RAL WAY PH-1		СПУ	- ST - ZIP	-02/01/0001127021 ****\$35,00 ****\$535,00	CR2E003 (9/99)
DOCUMENT# NAME				STRE	ET ADORESS		
STREET ADDRESS CITY - ST - ZIP	i			CITY	-ST-ZIP		
DOCUMENT //	-			STRE	ET ADORESS		
STREET ADDRESS CITY - ST - ZIP				CITY	- ST - ZIP		
Document# Name				STRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP				СПУ	-ST-ZIP	(1)	
Document# Name /				STRE	ETADORESS	<u>-</u>	
STREET ADDRESS CITY - 57 - 20P				СПУ	- ST - ZIP		
DOCUMENT# NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP				CITY	-ST-ZIP		
indicated	on this repor	rt is true and accurate an	th this filing does not qualify d that my signature shall ha his report as required by Ch	ave the same	legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the informationade under oath; that I am a General Partner of the limited partnership RNANDE7	p or
SIGNAT	URE: _	SHONATURE AND TIPED O	CALAS OR POINTED NAME OF SIGNING GIR	NERAL PARTINE	ANGEL HE VICE-PR	ESIDEN 1/00 305 460 9 90 Daytime Phone #	D