| , | <u> </u> | NEGO HEL O | | 100 | ,n, | _ | | | |
|---|-------------------------|-----------------|------|------------|---------------|--------------------------|------------------|------------------|---|
| DOCUMENT # A18364 1. Entity Name | | | | | | | | | |
| LAKE SIDE ASSOCIATES, LTD. | | | | | | FILED | . 9 | A | / |
| Principal Place of Business Mailing Address | | | | | 01 - | AN 31 AM | 10:31 | - | |
| 2828 CORAL WAY 2928 CORAL WAY | | | | | | | | V | |
| PENTHOUSE SUITE PENTHOUSE SUITE | | | | | SECR | ETARY OF S HASSEE, FL | ORIDA | | |
| MIAMI FL 33145 MIAMI FL 33145 | | | | | !ALL! | HASSEE, I | | | |
| Principal Place of Business 3. Mailing Address | | | | | | | | | atali alasi alam atali iani |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. | City & State | | | 4 FFI No. | DO NOT WE | RITE IN THIS SF | | |
| Zip Country | | Zip Countri | | itry | | 4. FEI Number | 13-324554 | 1/10 | Applied For Not Applicable 8.75 Additional |
| | o o dina y | 216 | COU | , | | 5. Certificate of | f Status Desired | | ee Required |
| 6. Name a | nd Address of Current R | egistered Agent | | , · · | | 7. Name and A | ddress of New | Registered Ag | jent |
| UCDANADEZ ANOCI | | | | Name | | | | | |
| HERNANDEZ, ANGEL 2828 CORAL WAY | | | | Street | Address (I | P.O. Box Number | is Not Acceptab | ole) | |
| PENTHOUSE MIAMI FL 33145 | | | | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 9. Capital Contributions as Shown on record. \$2,065,099.90 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 | | | | | | | | | |
| NAME 617998 THE RELATED COMPANIES OF FLORIDA, INC. | | | STRE | ET ADDRES | s | | | | |
| | 12020 CORAL WAT FIRE | | | -ST-ZIP | | 1 1 1 | | enca. | 104 |
| DOCUMENT # | · · · | | STRE | ET ADDRES | s | | -[]2/[] **** | 670101 535.00 | 084017 ****535.00 |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | | | ··· | **** | |
| DOCUMENT # . | | | STRE | ET ADDRES | s | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | |
| DOCUMENT # ** NAME * | , | | STRE | ET ADDRES | s | * | | | |
| STREET ADDRESS CITY-ST-ZIP | · | | CITY | -ST-ZIP | | | | <u> </u> | |
| DOCUMENT # NAME STREET ADDRESS | | | STRE | ET ADDRESS | š | · | - | | |
| CITY-ST-ZIP | | | CITY | ST-ZIP | | | , | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | 3 | | | | 1 |
| 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: ANGEL HERNANDEZ //k/o/ 305 1/6 09 900 SIGNATURE: Dayline Phone # | | | | | | | | | |