

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000724 AT

**DOCUMENT # A20477**



1. Entity Name  
**LAKE LOTTA, LTD.**

**FILED**  
03 APR 16 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business <b>860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2503560**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

**GOODMAN, LAUREN B.  
860 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$8,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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**

DOCUMENT #	<b>S32112</b>
NAME	<b>LOTTA GP, INC.</b>
STREET ADDRESS	<b>860 STATE ROAD 434 NORTH STE 7</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
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STREET ADDRESS	
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: **LAUREN B. GOODMAN, PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/18/03** Daytime Phone #: **407 788 6555**

CR2E003 (10/02)

SAMPLE CHECK HERE