

2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)

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  
860 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
860 STATE ROAD 434 NORTH  
SUITE 7  
ALTAMONTE SPRINGS FL 32714



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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

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

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

4/18/03

Date

407 788 6555

Daytime Phone #

CR2E003 (10/02)

000724 AT