

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20855**

1. Entity Name

LAKEVIEW 436 ASSOCIATES LTD.

Principal Place of Business

**2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON FL 33431**

Mailing Address

**2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2612728

Applied For

Not Applicable

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

**HERRICK, NORTON
2295 CORPORATE BOULEVARD
SUITE 222
BOCA RATON FL**

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$7,500.00

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

DOCUMENT # **A28801**
NAME **LAKEVIEW-NORT, LTD.**
STREET ADDRESS **2295 CORPORATE BLVD #222**
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FF \$141.25
OES 8.75**

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

**000005194340--5
04/05/02-01016-009
7310.00 *150.00**

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STREET ADDRESS

CITY-ST-ZIP

TB

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

02 APR -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0003302
AV

CR2E003 (9/01)