

2002 UNIFORM BUSINESS REPORT (UBR)

0019835 AB

DOCUMENT # **A23789**

1. Entity Name

DECADE COMPANIES INCOME PROPERTIES - A LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business

**2545 N.E. COACHMAN RD.
CLEARWATER FL 34625
US**

Mailing Address

**% BROOKFIELD LAKES CORP.CTR
250 PATRICK BLVD. RM 140
BROOKFIELD WI 53045
US**

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

39-1518732

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

**KEIERLEBER, JEFFREY
240 BAYSIDE DR.
CLEARWATER BEACH FL 33767-2503**

Name
Naples-Lawdock, Inc.

Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail North, Suite 300

City
Naples

FL

Zip Code
34103-3060

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.

NAPLES-LAWDOCK, INC.

SIGNATURE By: *Susan T. Lapinski*
Signature, typed or printed name of registered agent and title if applicable.

Susan T. Lapinski, Assistant Secretary 2/6/02
DATE

9. Capital Contributions as Shown on record.

\$18,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

8,684,000

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 # **G92366004463**
NAME **DECADE COMPANIES**
STREET ADDRESS **250 PATRICK BLVD STE 140**
CITY-ST-ZIP **BROOKFIELD WI 53045**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

Decade Companies

By: *Susan T. Lapinski* General Partner

1/08/02

262-792-9200

SIGNATURE:

By: *Susan T. Lapinski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)