

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25443**

1. Entity Name

LAKE MARY PARTNERSHIP, LTD.

FILED

02 MAR 22 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**C/O SHELDON B. MILLER
2875 N.E. 191ST STREET, SUITE 702-A
AVENTURA FL 33180**

**C/O SHELDON B. MILLER
2875 N.E. 191ST STREET, SUITE 702-A
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0011053

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

**MILLER, SHELDON B
2875 N.E. 191ST STREET, SUITE 702-A
AVENTURA FL 33180**

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.

\$2,000,000.00

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 # **M58989**
NAME **SBM INVESTMENTS, INC.**
STREET ADDRESS **2875 NE 191 ST 702A**
CITY-ST-ZIP **N. MIAMI BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M58988**
NAME **LAKE MARY GEN. PARTNER**
STREET ADDRESS **3640 YACHT CLUB DRIVE**
CITY-ST-ZIP **AVENTURA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M58987**
NAME **SEMINOLE LAND RESOURCES**
STREET ADDRESS **2164 GENOVA DRIVE**
CITY-ST-ZIP **OVEDO FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SHELDON B. MILLER

3/19/02 (38) 931-9975

CR2E003 (9/01)