

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25443

1. Entity Name:
LAKE MARY PARTNERSHIP, LTD.



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

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

FILED

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SECRETARY OF STATE
TALLAHASSEE



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 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. 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.

\$2,000,000.00

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 # 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 OVIEDO FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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THOMAS

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

Jan 23, 2003 (305) 931-9975

Date

Daytime Phone #

CR2E003 (10/02)

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AV