## 2000 UNIFORM BUSINESS REPORT (UBR)

|   |  |   | *                                       |  | <u> </u>                                    | 1  |  |
|---|--|---|---|--|---|--|--|
| DOCUMENT # A26490  1. Entity Name   |  |   |   |  | FILED STATE                                 |  |  |
| THE GARDENS AT LAKEWOOD ASSOCIATES LIMITED PARTN  |  |   |   |  |   | SECRETARY OF STATE DIVISION OF CORPORATIONS  |  |
| Dain aire at Dian   | · · · · · · · · · · · · · · · · · · ·  | Mailling Address  | •                                       |  |   | 00 AUG 14 AM 10: 02  |  |
| Principal Place of Business Mailing Address 8251 MARYLAND AVE., STE, 10 5551 AUBURN RD. A |  |   | •                                       |  |   | 0  |  |
| CLAYTON MO 63105 JACKSONVILLE FL 32207  |  |   |   |  | 1   |  |  |
|   |  | U\$   |   |  |   |  |  |
| Principal Place of Business     3. Mailing Address  |  |   |   |  | $\dashv$                                    |  |  |
| (   |  |   | ANA                                     |  |   | DO NOT WINTE IN THE ORLOS  |  |
| Suite, Apt. #, etc.  \$\delta \text{ Suite, Apt. #, etc.} \ \delta \text{ SUITE 10}       |  |   |   |  | .   | DO NOT WRITE IN THIS SPACE   |  |
| City & State City & State   |  |   | ກ0                                      |  | ,   | 4. FEI Number 43-1484212 Applied For Not Applicable  |  |
| Zip , Country Zip   |  |   | Country                                 |  |   | 5. Certificate of Status Desired \$8.75 Additional   |  |
| 12207-  | 7734 いら・<br>6. Name and Address of Current   | 63105-3653  | 171-2                                   | 7  |   | 7. Name and Address of New Registered Agent  |  |
|   | Hegistered Agent   | _   | Name                                    |  | 7. Name and Address of New Registered Agent |  |  |
| THE PRENTICE HALL CORPORATION SYSTEM, INC.  |  |   |   | Street Address (P.O. Box Number is Not Acceptable) |   |  |  |
| 1201 HAYS STREET  |  |   |   |  |   |  |  |
| SUITE 105 TALLAHASSEE FL 32301  |  |   | _                                       |  |   |  |  |
|   |  |   |   | City FL Zip Code                                   |   |  |  |
| 8. The above  | named entity submits this statement for  | r the purpose of changing its re  | gistered                                | office or r  | egistere                                    | ed agent, or both, in the State of Florida.  |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: R   | Registered Ag                           | gent signature                                     | required                                    | when reinstating) DATE   |  |
| 9. Capital Co   |  | 10. Amount of Capital of in FLORIDA to date   |   | tions \\   | ለበ 2  | 200.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION   |  |
| as Showin   | A GENERAL PARTNER I  | THAT IS A BUSINESS ENTI   | TY MUS                                  | ST BE R  |   | ERED AND ACTIVE WITH THIS OFFICE.  |  |
| NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION              |  |   |   | 13. ADDRESS CHANGES ONLY                           |   |  |  |
| DOCUMENT #  | P19382 .   | 1 BAR OLIMATION   |   | ADDRESS  | ~~ c  |  |  |
| NAME<br>STREET ADDRESS  | HILLTOP TOWNHOMES, INC. 130 S. HAMPTON   |   | SIREEL                                  | ADDRESS  | 836   | 51 MARYLAND, SUITE 10  |  |
| CITY-ST-ZIP   | ST. LOUIS MO   |   | CITY-ST                                 | T-ZiP  | ST.   | LOUIS, MO 63105-3653   |  |
| DOCUMENT #  |  |   | STREET                                  | ADDRESS  |   |  |  |
| NAME<br>STREET ADDRESS  |  |   |   |  |   |  |  |
| CITY-ST-ZIP   |  |   | CITY-ST                                 | I-ZIP  |   |  |  |
| DOCUMENT #<br>NAME  |  |   | STREET                                  | ADDRESS  |   | 0000033679200<br>-08/23/0001004008   |  |
| STREET ADDRESS  |  |   | CITY-ST                                 | r-7IP  |   | ****526.25 ****526.25  |  |
| CITY-ST-ZIP   |  |   | • | -  |   |  |  |
| DOCUMENT #<br>NAME  |  |   | STREET                                  | ADDRESS  |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | CITY-ST                                 | T-ZIP  |   |  |  |
| DOCUMENT #  |  | <del>-,</del>   | OTEST                                   | ADDRESS  |   |  |  |
| NAME  | 1  | ,   | SIKEET                                  | ADDRESS  |   |  |  |
| STREET ADDRESS<br>CITY ST-ZIP   | table of wilderfields of mill  |   | CITY-ST                                 | T-ZIP  |   |  |  |
| DOCŲMENT <b></b><br>NAME  |  |   | STREET A                                | ADDRESS  |   |  |  |
| STREET ADDRESS  |  | 1   | CITY-ST                                 | T-ZIP  |   |  |  |
| CITY-ST-ZIP   | <u> </u>   |   |   | <u></u>  |   | Control Contro |  |
| indicated<br>the receiv   | certify that the information supplied with<br>I on this report is true and accurate and<br>ver or trustee empowered to execute the | n this filing goes not qualify for the that my signature shall have the report as required by Chapter | ne exemp<br>e same le<br>620, Flo       | puon state<br>egal effect<br>orida Statu           | id in Sei<br>Las if m<br>tes                | ction 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or  |  |
|   | 00/1/10-10   |   |   |  |   | ,  |  |