


2001 UNIFORM BUSINESS REPORT (UBR)

0018907 AB

DOCUMENT # A26526			
1. Entity Name SARASOTA LAKESIDE CLUB LIMITED PARTNERSHIP			
Principal Place of Business C/O FORWARD MANAGEMENT, INC. 110 S. BROOKS ST. MADISON WI 53715		Mailing Address C/O FORWARD MANAGEMENT, INC. 110 S. BROOKS ST. MADISON WI 53715	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WEAVER, KATHY 4325 40TH ST., W. BRADENTON FL 34205		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. \$0.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	FARR, THOMAS G. 110 SO BROOKS ST MADISON WI	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000001617 FIRST MADISON CORP-88 617 N. SEGOE RD. STE 202 MADISON WI	STREET ADDRESS CITY-ST-ZIP	
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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: <i>Thomas G. Farr</i>		Date: <i>2/14/01</i> Daytime Phone #: <i>608-285-3553</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

FILED
FEB 23 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)