2002 UNIFORM BUSINESS	REPORT ((UBR)
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DOCU 1. Entity Nam	ne			74			FILED		6296 AI
LAKE P	ARK COLOI	NIAL ASSOCIATES, LTD.			•	02	APR 29 PM 6: 3	1	
Principal Place of Business 1865 EDGEWOOD AVENUE WEST JACKSONVILLE FL 32206 Mailing Address 14003 FORTUNADO RD. JACKSONVILLE FL 32225					SE(TAL)	RETARY OF STATE AHASSEE FLORIDA			
2. Principal F	Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002			7
City & Stat	te		City & State		4. FEI Number 59-2021564 Applied For Not Applicable			-	
Zip		Country	Zip	Coun	ntry	5. Certificate of		8.75 Additional ee Required	
	6. Name	and Address of Current Reg	jistered Agent			7. Name and A	ddress of New Registered A	gent]
					Name				
LANNING, RODNEY K. 14003 FORTUNADO ROAD			Street Address (P.O. Box Number is Not Acceptable)						
JACKSON	WILLE FL 3	2225							
•					City		FL	Zip Code	
8. The above	named entity	submits this statement for the	e purpose of changing its	registere	ed office or register	red agent, or both,	in the State of Florida.		
SIGNATURE .	Signature broad	or printed name of registered agent and t	itle if applicable		· · · · · · · · · · · · · · · · · · ·		DATE		
9. Capital Co	ntributions	\$45,000.00	10. Amount of Capit		butions	-	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		
		ENERAL PARTNER THA General Partners MAY I					to change a general part	ner.	
12.	`	GENERAL PARTNER IN	FORMATION	13.			ADDRESS CHANGES ONLY	<u> </u>]_
DOCUMENT # NAME STREET ADDRESS	14003 FO	RODNEY K. RTUNADO ROAD			ET ADDRESS	15.00	<u> </u>		CR2E003 (9/01)
DOCUMENT #	JACKSON	WILLE FL	<u> </u>	SIE	probably 10	88.75	E	K	CR2E
STREET ADDRESS CITY-ST-ZIP	ن <u>ــــــــــــــــــــــــــــــــــــ</u>	garage angular de la		,	-ST-ZIP.	· ·	- was a c	- · · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	10	00,054,935	31 5	
DOCUMENT # NAME STREET ADDRESS				STRE	ET ADDRESS		-05/03/0201 ****403.15	U21UU5 ****403.15	
CITY-ST-ZIP DOCUMENT #				CITY	-ST-ZIP				-
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CITY-ST-ZIP DOCUMENT #					-ST-ZIP				
NAME STREET ADDRESS					-ST-ZIP	<u> </u>			
14. I hereby o	ertify that the	information supplied with this	filing does not qualify for	r the exer	mption stated in Se	ection 119.07(3)(i), l	Florida Statutes. I further certif at I am a General Partner of th	y that the information	

SIGNATURE:

4-26-2002 904-221-5381
Date Daytime Phone #