

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28268**

1. Entity Name

IMPERIALAKES INVESTMENT ASSOCIATES, L.P., A DELA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02

Principal Place of Business

% LODEX IMPERIALAKES, INC.
1180 AVENUE OF THE AMERICAS
NEW YORK NY 10036-8401

Mailing Address

% LODEX IMPERIALAKES, INC.
1180 AVENUE OF THE AMERICAS
NEW YORK NY 10036-8401

2. Principal Place of Business

220 EAST 1/2ND STREET

Suite, Apt. #, etc.

27TH FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

USA

3. Mailing Address

220 EAST 1/2ND STREET

Suite, Apt. #, etc.

27TH FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3521047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARALEGAL & ATTORNEY SERVICE, INC.
1020 EAST LAFAYETTE STREET
SUITE 110-A
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record

\$13,367,697.00

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

DOCUMENT # **F93000000524**
NAME **LODEX IMPERIALAKES, INC.**
STREET ADDRESS **1180 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY**

DOCUMENT # **F93000000996**
NAME **MODEX IMPERIALAKES, INC.**
STREET ADDRESS **1180 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **220 EAST 1/2ND STREET, 27TH FLOOR**

CITY-ST-ZIP **NEW YORK, NY 10017**

STREET ADDRESS **220 EAST 1/2ND STREET, 27TH FLOOR**

CITY-ST-ZIP **NEW YORK, NY 10017**

STREET ADDRESS

CITY-ST-ZIP

200003448122--4

-11/02/00--01012--001

*******88.75 *****88.75**

STREET ADDRESS

CITY-ST-ZIP

200003448122--4

-11/02/00--01012--002

*******437.50 *****437.50**

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 REQUIRED
BRIAN F. SUMMERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/13/00
Date

212-697-4740
Daytime Phone #

CR2E003 (5/00)