

2001 UNIFORM BUSINESS REPORT (UBR)

1015642 AF

DOCUMENT # **A28268**

1. Entity Name

IMPERIALAKES INVESTMENT ASSOCIATES, L.P., A DELA

FILED

01 FEB 20 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**220 EAST 42ND STREET
27TH FLOOR
NEW YORK NY 10017**

Mailing Address

**220 EAST 42ND STREET
27TH FLOOR
NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3521047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F93000000524**
NAME **LODEX IMPERIALAKES, INC.**
STREET ADDRESS **220 EAST 42ND STREET**
CITY-ST-ZIP **NEW YORK NY 10017**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F93000000996**
NAME **MODEX IMPERIALAKES, INC.**
STREET ADDRESS **220 EAST 42ND STREET**
CITY-ST-ZIP **NEW YORK NY 10017**

STREET ADDRESS

CITY-ST-ZIP

**900003782069--4
-02/27/01--01037--011
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)