200	1 UNIFORM BUS	INESS REPO	ORT	(UBR)		8	
DOCUMENT # A28815					FILEB	0002908 /	
BOYNTON BEACH LAKES, LTD.					01 APR 30 PN 3: 84	₽n Pn	
					SECRETARY OF STATE		
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
815 W. BOYNTON BEACH BOULEVARD 1946 TYLER STREET BOYNTON BEACH FL 33426 HOLLYWOOD FL 33020							
9 Driver of C	Diago of Division	La Maria Allana					
2. Principal Place of Business 3. Mailing Address					1 (BB147) 1910 12841 1820 18101 F1842 8111 01014 8282 01011 82871 91011 8	411 1021	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State	& State		4. FEI Number 31-1279323 Applie	d For	
Zip Country		Zip	Country		5. Certificate of Status Desired   \$8.75 Addition Fee Required		
	6. Name and Address of Current	Registered Agent		·	7. Name and Address of New Registered Agent		
47/11/001	I MANI AANI AANI			Name C	T Comparation Sustem	<b>,</b> 1	
ATKINSON, WILSON C., III 1946 TYLER STREET				Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33020				IAM	2. PINE ISLANDER	5	
				City	ty that is a few to the second	2	
8. The above	e named entity submits this statement fo	r the purpose of changing it:	s registered	d office or regist	tered agent, or both, in the State of Florida.	<u>,                                    </u>	
SIGNATURE	Gard Ro	, ,		Record	4-27-0		
	Signature, typed or printed name of registered agent a			Abeur signeture (equ)i	red when redistating) DATE		
<ol><li>Capital Co as Shown</li></ol>		10. Amount of Capi in FLORIDA to c		utions	11. MAKE CHECK PAYABLE TO DEPT. OF STA SEE REVERSE SIDE FOR FEE INFORMAT		
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME	IDIODEN MILLIAM O		STREE	T ADDRESS		1,00/	
STREET ADDRESS CITY-ST-ZIP	BRISBEN, WILLIAM O. 7800 E. KEMPER ROAD CINCINNATI OH 45241		CITY-S	-sr-zip 200004195322: -05/11/0101032026		CHZE003 (11	
DOCUMENT #	P22943 W.O. BRISBEN COMPANIES INC.		STREE	#***385.00 ****385.		00 g	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
OCUMENT #	DUMENT #			T ADDRESS	O1 SEG		
SCHULER, ROBERT E.  TREET ADDRESS  7800 E. KEMPER ROAD  CITY-ST-ZIP  CINCINNATI OH			CITY-5	ST-ZIP	APR.		
OCUMENT #	UMENT #			T ADDRESS	30 E		
STREET ADDRESS SITY-SI-ZIP			CITY-S	ST-ZIP	FEO P		
OCUMENT #			STREET	ADDRESS	DA: 0		
STREET ADDRESS CONTY-ST-ZIP			CITY-S	it-zip	200004195322 // \05/11/0101032027	3	

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS