

2002 UNIFORM BUSINESS REPORT (UBR)

0008126 AT

DOCUMENT # **A28998**

1. Entity Name

M M M LAKEWOOD, LLLP

APPROVED
AND
FILED

02 FEB 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**605 E. ROBINSON STREET, SUITE 620
ORLANDO FL 32801**

Mailing Address
**605 E. ROBINSON STREET, SUITE 620
ORLANDO FL 32801**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2970079**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUTERIA, LOUIS H
605 E. ROBINSON STREET, SUITE 620
ORLANDO FL 32801**

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.

DATE

9. Capital Contributions
as Shown on record.

\$2,730,552.39

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 # **K90067**
NAME **MCCRORY-LAKEWOOD, INC.**
STREET ADDRESS **605 E. ROBINSON STREET, SUITE 620**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **L13466**
NAME **JACOBS-LAKEWOOD ESTATES**
STREET ADDRESS **215 E. MAXWELL STREET**
CITY-ST-ZIP **LAKELAND FL**

STREET ADDRESS

CITY-ST-ZIP

400005033084--0
03/04/02 01003 003
*******535.00 *****535.00**

DOCUMENT # **L07112**
NAME **MCCULLOUGH-LAKEWOOD ESTS**
STREET ADDRESS **2816 E. ROBINSON STREET, SUITE 250**
CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **L07109**
NAME **R.F. MAGUIRE-LAKEWOOD**
STREET ADDRESS **2816 E. ROBINSON STREET, SUITE 250**
CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **L14845**
NAME **CHARLOTTE MAGUIRE-LAKE WOOD ESTATES, INC.**
STREET ADDRESS **4158 COVENANT LANE**
CITY-ST-ZIP **TALLAHASSEE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/02

Date

407-872-6829

Daytime Phone #

CR2E003 (9/01)