

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008225

DOCUMENT # **A28998**

1. Entity Name
M M M LAKEWOOD, LLLP



FILED
Mar 11, 2003 8:00 A.M.
Secretary of State

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

DUE BY MAY 1, 2003

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

32801-2046

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

3-7-03

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 FL. 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 **400013984744**
CITY-ST-ZIP **03/12/03--01025--006 **535.00**
32801-2046

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

STREET ADDRESS
CITY-ST-ZIP **33803**

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

STREET ADDRESS **C/O Mr. J. Adada Abram**
CITY-ST-ZIP **Omega Management, Inc.**
1414 Raleigh Rd., Ste 415
Chapel Hill, N.C. 37517

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

STREET ADDRESS **1010 Executive Center Dr., Ste 121**
CITY-ST-ZIP **Orlando, FL 32803**

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

STREET ADDRESS
CITY-ST-ZIP **32308**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-7-03

Date

407-872-6829

Daytime Phone #

CR2E003 (10/02)