

2001 UNIFORM BUSINESS REPORT (UBR)

0004536 AF

DOCUMENT # **A29263**

1. Entity Name

WALDORF TOWERS, LTD.

FILED
 01 MAY -1 11 5:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 860 OCEAN DR. MIAMI BEACH FL 33139	Mailing Address 860 OCEAN DR. MIAMI BEACH FL 33139
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0203893	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIDER, NORMAN S
 100 S.E. 2ND STREET
 SUITE 3910
 MIAMI FL 33131-2112**

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	V15370
NAME	LAKASTE, INC.
STREET ADDRESS	860 OCEAN DR.
CITY-ST-ZIP	MIAMI BEACH FL 33139

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	2000004243552-7
CITY-ST-ZIP	-05/18/01--01005--013
	****535.00 ****535.00

DOCUMENT #	
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DOCUMENT #	
NAME	
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: *X* **SIGNATURE WARDOLSTADT** **4/23/01** **305-531-7684**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)