

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006063 AF

**DOCUMENT # A29804**  
 1. Entity Name  
**IRELAND LAKES, LTD.**

**FILED**  
 01 MAR 30 AM 11:50  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business      Mailing Address  
**12000 BISCAYNE BLVD.**      **12000 BISCAYNE BLVD.**  
**SUITE 810**      **SUITE 810**  
**MIAMI FL 33181-2742**      **MIAMI FL 33181-2742**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0245167**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**IRELAND LAKES, INC.**  
**12000 BISCAYNE BLVD.**  
**SUITE 810**  
**MIAMI FL 33181-2742**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$1,620,000.00**      10. Amount of Capital Contributions in FLORIDA to date.  
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	<b>L39526</b>
NAME	<b>IRELAND LAKES, INC.</b>
STREET ADDRESS	<b>12000 BISCAYNE BLVD.</b>
CITY-ST-ZIP	<b>MIAMI FL 33181-2742</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>400003992774--0</b>
	<b>-04/11/01--01106--015</b>
	<b>***526.25      ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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: LOU IRELAND      **3-20-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      **305-891-6806**      Daytime Phone #