

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

A 30178

1. Name of Limited Partnership

Neighborhood Lakes Limited Partnership
1304 Vincent Place
McLean, VA 22101

2. Principal Office Address

1304 Vincent Place

Suite, Apt. #, etc.

City & State

McLean, VA

Zip

22101

Country

U.S.A.

3. Mailing Office Address

1304 Vincent Place

Suite, Apt. #, etc.

City & State

McLean VA

Zip

22101

Country

U.S.A.

4. Date Formed or Registered

To Do Business in Florida

06/12/1990

5. FEI Number

52-1688922

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

4,326,922.00

7b. Amount of Capital Contributions in FLORIDA to date:

4,326,922.00

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1300 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10.	Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a.	Registration Document Number
	Percheron, Inc.	1304 Vincent Place	McLean, VA 22101		P29718

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Kamel Tabbara

DATE

2/2/2000

Printed Name of General Partner Signing Form

Percheron Inc.
By: Kamel Tabbara

Telephone Number

(703) 760-0070