

2001 UNIFORM BUSINESS REPORT (UBR)

0017841 AF

DOCUMENT # A30179

1. Entity Name
LAKE LERLA LIMITED PARTNERSHIP

FILED
01 MAY 21 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1304 VINCENT PLACE
MCLEAN VA 22101**

Mailing Address
**1304 VINCENT PLACE
MCLEAN VA 22101**

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

5/21 DO NOT WRITE IN THIS SPACE **MJH**

4. FEI Number **52-1688914**

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE _____

9. Capital Contributions as Shown on record. \$2,230,261.00	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

DOCUMENT #	P29718
NAME	PERCHERON, INC.
STREET ADDRESS	1304 VINCENT PLACE
CITY-ST-ZIP	MCLEAN VA 22101
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	700004287927--3
CITY-ST-ZIP	--05/22/01--01087--025
STREET ADDRESS	****528.27 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	FF \$526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: **Kamel Tabbara, V.P.** **Percheron Inv. Inc., G.P.** **3/27/01** **703-760-0070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)