2002	UNIFORM	BUSINESS	REPORT	(UBR)

A30279

MIAMI FL 33131

LAKEVIEW HOLDINGS, LTD.

Principal Place of Business 701 BRICKELL AVE., SUITE 850

DOCUMENT #

Mailing Address

701 BRICKELL AVE., SUITE 850

**MIAMI FL 33131** 

2. Principal Place of Business 3. Mailing Address 801 Brickell Ave 801 Brickell Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 16th Floor 16th Floor City & State City & State 4. FEI Number Miami, FL 33131 Miami, FL 33131 Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

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

-1200-SOUTH PINE ISLAND RD:7/ PLANTATION FL 33324

City

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. 9. Capital Contributions

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS LAKEVIEW HOLDINGS, INC. NAME 801 Brickell Ave, 16th Floor 701 BRICKELL AVE., #1600-RFH STREET ADDRESS CITY-ST-ZIP RFH, MIAMI, FL Miami, FL 33131 CITY-ST-ZIP F93000001995 DOCUMENT # STREET ADDRESS LAKEVIEW HOLDINGS, LIMITED NAME 4 COLUMBUS CENTRE, WICKHAMS CAY, STREET ADDRESS CITY-ST-ZIP ROAD TOWN, TORTOLLA, B.V.I. CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 400005504514-CITY-ST-ZIP CITY-ST-ZIP-DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET AODRESS NAME . STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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

3/21/02

305-381-8340

Daytime Phone #