

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009670 AF

DOCUMENT # **A32234**

1. Entity Name  
**SHOPPES OF LAKE VILLAGE, LTD.**

APPROVE  
AND  
FILED

01 APR 30 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
1733 W. FLETCHER AVE.      1733 W. FLETCHER AVE.  
TAMPA FL 33612      TAMPA FL 33612

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

4. FEI Number      Applied For  
**59-3094638**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.      **\$2,133,711.00**

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>P95000032173</b>
NAME	<b>LAKE VILLAGE CORPORATE, INC.</b>
STREET ADDRESS	<b>1733 W. FLETCHER AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33612</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	
STREET ADDRESS	<b>200004220652--2</b>
CITY-ST-ZIP	<b>05/16/01--01110--018</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY-ST-ZIP	
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: \_\_\_\_\_ DATE: **4/25/01**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER      Daytime Phone #

CR2E003 (11/00)