

# 2000 UNIFORM BUSINESS REPORT (UBR)

DU17317 AI

**DOCUMENT #** A93000000301

1. Entity Name  
**TWIN LAKES APARTMENTS, LTD.**

Principal Place of Business 10718 KIRKALDY LANE BOCA RATON FL 33498	Mailing Address 10718 KIRKALDY LANE BOCA RATON FL 33498-6435
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FILED  
00 FEB 17 PM 2: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number **65-0397589** Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LICHTMAN, JONATHAN J**  
4800 N. FEDERAL HIGHWAY, SUITE D-100  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name  
**JONATHAN J. LICHTMAN, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**10718 KIRKALDY LANE**  
City **BOCA RATON** FL Zip Code **33431**

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 *JONATHAN J. LICHTMAN, P.A.* PRESIDENT DATE **1/8/00**

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

9. Capital Contributions as Shown on record. **\$900,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>S94558 TL APARTMENTS, INC. 10718 KIRKALDY LANE BOCA RATON FL 33498</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>400003156334-5</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>-03/03/00--01057--019</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>****526.25 ****526.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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)(l), 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: *JONATHAN J. LICHTMAN* PRESIDENT DATE **1/8/00** (561) 447-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)