

2001 UNIFORM BUSINESS REPORT (UBR)

0008834 AF

DOCUMENT # **A93000000301**

1. Entity Name

TWIN LAKES APARTMENTS, LTD.

FILED

nf

Principal Place of Business

**10718 KIRKALDY LANE
BOCA RATON FL 33498**

Mailing Address

**10718 KIRKALDY LANE
BOCA RATON FL 33498**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

4800 NORTH FEDERAL HWY.

3. Mailing Address

**SUITE, APT. #, ETC.
SANCTUARY CENTRE, STE. D-100**

City & State

BOCA RATON FL

Zip

33431

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

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 PA
10718 KIRKALDY LANE
BOCA RATON FL 33431**

*ADDRESS
CHANGE
ONLY*

7. Name and Address of New Registered Agent

Name

JONATHAN J. LICHTMAN, P.A.

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

SANCTUARY CENTRE, SUITE D-100

4800 NORTH FEDERAL HIGHWAY

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

Signature, typed or printed name of registered agent and title if applicable.

JON LICHTMAN, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

9. Capital Contributions
as Shown on record.

\$900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # **S94558**
NAME **TL APARTMENTS, INC.**
STREET ADDRESS **10718 KIRKALDY LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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

BY: TL APARTMENTS, INC. GEN PARTNER

SIGNATURE:

31 SIGNATURE REQUIRED

**JON LICHTMAN
PRESIDENT**

1/12/01

(561) 497-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)