

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012973 AT

DOCUMENT # **A93000000301**1. Entity Name
TWIN LAKES APARTMENTS, LTD.

FILED

2003 JAN 27 PM 3:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDAPrincipal Place of Business
**4800 NORTH FEDERAL HIGHWAY
SANCTUARY CENTRE. STE. #D-100
BOCA RATON FL 33431**Mailing Address
**10718 KIRKALDY LANE
BOCA RATON FL 33498**

2. Principal Place of Business

120 E. PALMETTO PARK RD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

DUE BY MAY 1, 2003

City & State
BOCA RATON, FL

City & State

4. FEI Number **65-0397589**

Applied For

Not Applicable

Zip Country
33432 USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LICHTMAN, JONATHAN J PA
120 E PALMETTO PARK RD
SUITE 100
BOCA RATON FL 33432-0000**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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

9. Capital Contributions
as Shown on record. **\$900,000.00**10. Amount of Capital Contributions
in FLORIDA to date. **\$900,000.00**11. MAKE CHECK PAYABLE TO FL. 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 # **S94558**
NAME **TL APARTMENTS, INC.**
STREET ADDRESS **10718 KIRKALDY LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**STREET ADDRESS
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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

TL APARTMENTS, INC., GENERAL PARTNERSIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JON LICHTMAN

Date

Daytime Phone #

CR2E003 (10/02)