

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000618

1. Entity Name

LAKE MARION ASSOCIATES, LTD.

Principal Place of Business

3620 N. 53RD AVENUE
HOLLYWOOD FL 33021

Mailing Address

3620 N. 53RD AVENUE
HOLLYWOOD FL 33021-2336

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

mf

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0423863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLAN, AMNON
3620 N. 53RD AVENUE
HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$698,058.00

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 # P93000041608
NAME MARION DEVELOPMENT CORP.
STREET ADDRESS 3620 N. 53RD AVENUE
CITY - ST - ZIP HOLLYWOOD FL 33021

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE:

Amnon Golan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Amnon Golan 4/28/00 (954) 981-0700

Date

Daytime Phone #