

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000618

1. Entity Name

LAKE MARION ASSOCIATES, LTD.

FILED

01 AUG 27 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3620 N. 53RD AVENUE
HOLLYWOOD FL 33021

Mailing Address

3620 N. 53RD AVENUE
HOLLYWOOD FL 33021

2. Principal Place of Business

11860 W. STATE RD 84

3. Mailing Address

11860 W. STATE RD 84

Suite, Apt. #, etc.

B-15

Suite, Apt. #, etc.

B-15

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33325

Country

Zip

33325

Country

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)

11860 W STATE ROAD 84

SUITE B-15

City

DAVIE

FL

Zip Code

33325

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 type, 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.

1000.00

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS 11860 West State Road 84
CITY-ST-ZIP Suite B-15
Davie, Florida 33325

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

800004566178--4

08/31/01 01062-013

****550.00 ****550.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0003026 AF

CR2E003 (11/00)