

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

535.00

0011422 AT

DOCUMENT # **A93000000618**

1. Entity Name
LAKE MARION ASSOCIATES, LTD.



FILED
03 APR 30 AM 5:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**11860 W. STATE RD. 84. #B-15
DAVIE FL 33325**

Mailing Address
**11860 W. STATE RD. 84. #B-15
DAVIE FL 33325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0423863**

Applied For
Not Applicable

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

DUE BY MAY 1, 2003



4/20

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLAN, AMNON
11860 W. STATE RD. 84, #B-15
DAVIE FL 33325

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 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 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 #	P93000041608
NAME	MARION DEVELOPMENT CORP.
STREET ADDRESS	11860 W. STATE RD. 84, #B-15
CITY-ST-ZIP	DAVIE FL 33325
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	700017544837 04/30/03--01025--012 **535.00
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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 #

STAPLE CHECK HERE

CR2E003 (10/02)