

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000920**

1. Entity Name

MALLARDS LANDING TOWNHOMES AND VILLAS, LTD.

FILED

00 FEB 17 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10718 KIRKALDY LANE BOCA RATON FL 33498	Mailing Address 10718 KIRKALDY LANE BOCA RATON FL 33498-6435
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0457632	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

LIGHTMAN, JONATHAN J
4800 NORTH FEDERAL HIGHWAY, SUITE D-100
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
JONATHAN J. LIGHTMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
10718 KIRKALDY LANE
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.

JONATHAN J. LIGHTMAN, P.A.
SIGNATURE *[Signature]* **RESIDENT** DATE **1/8/00**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$1,150,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P95000000276	ML APARTMENTS, INC.	STREET ADDRESS	
NAME ML APARTMENTS, INC.	10718 KIRKALDY LANE	CITY - ST - ZIP	
STREET ADDRESS 10718 KIRKALDY LANE	BOCA RATON FL 33498	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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]* **SIGNATURE REQUIRED** **JONATHAN J. LIGHTMAN, P.A.** DATE **1/8/00** (813) 442-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)