

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008839 AF

DOCUMENT # **A93000000920**

1. Entity Name

**MALLARDS LANDING TOWNHOMES AND VILLAS, LTD.**

Principal Place of Business

**10718 KIRKALDY LANE  
BOCA RATON FL 33498**

Mailing Address

**10718 KIRKALDY LANE  
BOCA RATON FL 33498**

01

**FILED**

**JAN 29 AM 11:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4800 NORTH FEDERAL HWY.**

3. Mailing Address

Suite, Apt. #, etc.

**SANCTUARY CENTRE, STE. D-100**

City & State

**BOCA RATON FL**

City & State

Zip

**33431**

Country

**USA**

Country

4. FEI Number

**65-0457632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LIGHTMAN, JONATHAN J  
10718 KIRKALDY LANE  
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)

**4800 NORTH FEDERAL HIGHWAY**

**SANCTUARY CENTRE, SUITE D-100**

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.

SIGNATURE

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

**JOHN LIGHTMAN, PRESIDENT**

DATE

**1/17/01**

9. Capital Contributions  
as Shown on record.

**\$1,150,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$718,000.00**

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 # **P95000000276**  
NAME **ML APARTMENTS, INC.**  
STREET ADDRESS **10718 KIRKALDY LANE**  
CITY-ST-ZIP **BOCA RATON FL 33498**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

**BY: ML APARTMENTS, INC., GEN PARTNER**

SIGNATURE:

**JOHN LIGHTMAN**

**1/17/01**

**(581) 442-0017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)