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<b>2000</b>	UNIFURM	<b>BUSINESS</b>	REPURI	(UDN)

DOCUMENT # A9600000604  1. Entity Name  LAKE POINT CENTRE ASSOCIATES, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS	2		
Principal Place of Business Mailing Address C/O KONOVER & ASSOCIATES SOUTH, INC. C/O KONOVER & ASSO		CIATES SOUTH, INC. PARK ROAD, SUITE 408		00 Vb 13 bh 3: 00				
Principal Place of Business     3. Mailing Address				I (1861 M.) HEIR IBINA BUN DRIN ADNI ERIN ARNI REIN ARNI ARNI ARNI ARNI ARNI ARNI ARNI AR				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0658429 Applied For Not Applicable			
Zip Country		Zip Country		*	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
STEINMAR	RK, FRED P			Maria Ashenfelter				
C/O KON	OVER & ASSOCIATES SOUTH, INC			Street Address (P.O. Box Number is Not Acceptable) C/o Konover & Associates South, Inc.				
7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433			• <u>.</u>	7000 West Palmetto Park Road, Suite 408  City FL Zip Code 33433				
8. The above	Maria S.	Mengett	Len	ed office or registe	stered agent, or both, in the State of Florida.  H/10/2000			
9. Capital Co	49CHTCH IN R R IVELL	10. Amount of Capita	ai Contri	d Agent signature require butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
as Shown o	A GENERAL PARTNER T	in FLORIDA to di	TITY M	UST BE REGIS	SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE.			
	NOTE: General Partners MA	Y NOT be changed on the	ne form	; an amendme	ent must be filed to change a general partner.  ADDRESS CHANGES ONLY			
12.	GENERAL PARTNER P95000085418	INFORMATION	13.	TT 4000000		111		
NAME STREET ADDRESS CITY-ST-ZIP	K. SOUTH, INC. 7000 W. PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33422			-ST-ZIP		15 711		
DOCUMENT#			STR	EET ADORESS .	0000032292302 -04/28/0001036003	Ü		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	****526.25 *****526.25	-		
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STREET ADDRESS CITY - ST - ZIP			СПҮ	-ST-ZIP				
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DOCUMENT #	<del> </del>		STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZEP	·.		СПУ	'-ST-ZIP				
indicated	on this report is true and accurate and t er or trustee empowered to execute this	that my signature shall have report as required by Chap	the sam ter 620,	e legal effect as if Florida Statutes	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or			
SIGNAT	URE: (1/2/1/1/1/1/)-	its General Partne Mirrione, its Tre		<u></u>	4/10/00 (541)394-4284  Date Daytime Phone #			