

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012138 AT

DOCUMENT # **A96000000604**

1. Entity Name
LAKE POINT CENTRE ASSOCIATES, LTD.



FILED

03 APR -8 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
%KONOVER & ASSOCIATES SOUTH, LLC
7000 WEST PALMETTO PARK ROAD, SUITE 408
BOCA RATON FL 33433

Mailing Address
%KONOVER & ASSOCIATES SOUTH, LLC
7000 WEST PALMETTO PARK ROAD, SUITE 408
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0658429**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

500015462155
04/08/03--01045--006FL#526.25

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

DATE

9. Capital Contributions **\$3,450,000.00**
as Shown on record.

10. Amount of Capital Contributions **\$3,450,000.00**
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 # **P95000085418**
NAME **K. SOUTH, INC.**
STREET ADDRESS **7000 W. PALMETTO PARK ROAD, SUITE 408**
CITY-ST-ZIP **BOCA RATON FL 33422**

STREET ADDRESS

CITY-ST-ZIP

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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]* **Gregory V. Combs, its Executive Vice President, COO**
K. South, Inc. its General Partner, by

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)