

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000980

1. Entity Name

THE WOODS-LAKE WORTH LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33



Principal Place of Business

C/O JAMES GRIFFIN  
1401 E BROWARD BLVD., #302  
FT LAUDERDALE FL 33301

Mailing Address

% MARK PORATH  
16133 VENTURA BLVD., STE 1400  
ENCINO CA 91436-2447

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

95-4582278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIFFIN, JAMES  
VICTORIA PARK CENTER  
1401 E BROWARD BLVD., STE 302  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,070,788.34

10. Amount of Capital Contributions  
in FLORIDA to date.

\$51,134

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 # L97000000589  
NAME MS/SEP #2 GP, L.C.  
STREET ADDRESS 16133 VENTURA BLVD., STE 1400  
CITY - ST - ZIP ENCINO CA 91436

DOCUMENT #  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

9000003288663--0

06/14/00 01051-020

\*\*\*\*446.83 \*\*\*\*446.83

STREET ADDRESS

CITY - ST - ZIP

358.08-49

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)(b), 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  
See Signature Block Attached  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

018/385-0005