

2001 UNIFORM BUSINESS REPORT (UBR)

0004478 AF

DOCUMENT # A96000001539


1. Entity Name

LIFETIME RESORTS, LIMITED

Principal Place of Business
1111 LINCOLN ROAD, SUITE 800
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN ROAD, SUITE 800
MIAMI BEACH FL 33139

FILED
01 JAN 22 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite 400

Suite 400

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3397766

Applied For
 Not Applicable

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

WERNER, MICHAEL B
1111 LINCOLN ROAD, SUITE 800
MIAMI BEACH FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
P96000068796	LIFETIME, INC.	1111 LINCOLN ROAD, SUITE 800	MIAMI BEACH FL 33139		
				800003390008-2	-03/21/01--01037--020
				****166.80	****166.80

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:  **01/17/01** **(305)538-8558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)