

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000099

1. Entity Name
MIZNER LAKE ESTATES, LIMITED PARTNERSHIP

FILED

02 JUN 18 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 551 N.W. 77TH STREET, SUITE 108, BOCA RATON FL 33487

Mailing Address: 551 N.W. 77TH STREET, SUITE 108, BOCA RATON FL 33487

2. Principal Place of Business: 1200 S. ROGERS CIRCLE

3. Mailing Address: 1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.: SUITE # 11

City & State: BOCA RATON, FL

Zip: 33487 Country: USA

DUE BY MAY 1, 2002

4. FEI Number: 65-0716554

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

6. Name and Address of Current Registered Agent

POPKIN, EDWARD D ESQUIRE
2499 GLADES ROAD, SUITE 114
BOCA RATON FL 33431-7360

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

9. Capital Contributions as Shown on record: **\$4,000,000.00**

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	
DOCUMENT #	P96000097976
NAME	MIZNER LAKE ESTATES, INC.
STREET ADDRESS	551 N.W. 77TH STREET
CITY-ST-ZIP	BOCA RATON FL 33487
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1200 S. ROGERS CIRCLE, # 11
CITY-ST-ZIP	BOCA RATON, FL 33487
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

SIGNATURE: SIGNATURE REQUIRED

Date: 6/13/02 Daytime Phone #: 561-994-1375

CR2E003 (9/01)