

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0014982
AT

02 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

DOCUMENT # A97000001569

1. Entity Name
LOVERS KEY EQUITY PARTNERS, LTD.

Principal Place of Business
800 LAUREE OAK DR., STE. 600
NAPLES FL 34108

Mailing Address
800 LAUREL OAK DR., STE. 600
NAPLES FL 34108

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 59-3459428 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

WOODWARD, MARK J
801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108

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. DATE

9. Capital Contributions as Shown on record. \$3,000.00 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000059519	STREET ADDRESS	
NAME	EQUITY III INVESTMENTS & DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 LAUREL OAK DR., STE. 600		
CITY-ST-ZIP	NAPLES FL 34108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/18/02 Daytime Phone #

CR2E003 (9/01)