

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # **A97000001602**

1. Entity Name  
**MANISCALCO LADY LAKE LTD.**



FILED

2003 MAR -3 AM 8:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**190 W. GLADES ROAD, SUITE C  
BOCA RATON FL 33432**

Mailing Address  
**190 W. GLADES ROAD, SUITE C  
BOCA RATON FL 33432**

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 **65-0776804**

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

**GRANET, LLOYD ESQ.**

**1900 NW CORPORATE BOULEVARD, SUITE 100**

**WEST BUILDING**

**BOCA RATON FL 33431**

Name

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

**2295 N.W. Corporate Boulevard, Suite 235**

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. 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  
as Shown on record.

**\$128,451.37**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$ 128,451.37**

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 # **P97000054518**  
NAME **PD LADY LAKE, INC.**  
STREET ADDRESS **190 W. GLADES ROAD, SUITE C**  
CITY-ST-ZIP **BOCA RATON FL 33432**

STREET ADDRESS

CITY-ST-ZIP

**700013336767**  
**03/03/03--01058--002 \*\*526.25**

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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 of General Partner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/25/03 (561) 395-7410**

CR2E003 (10/02)

STAPLE CHECK HERE