

# 2001 UNIFORM BUSINESS REPORT (UBR)

000691 AF

DOCUMENT # **A97000002294**

1. Entity Name

**LAZY LAND MOBILE HOME PARK, LTD.**

**FILED**  
01 APR 24 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4111 S.W. 25TH STREET FORT LAUDERDALE FL 33317</b>	Mailing Address <b>4111 S.W. 25TH STREET FORT LAUDERDALE FL 33317</b>
--	--

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 <b>65-0790623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MILLER, DEANNA  
4111 S.W. 25TH STREET  
FORT LAUDERDALE FL 33317**

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 **Deanna Miller - President** DATE **4/10/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$428,000.00</b>	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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000090234 M&amp;M ASSOCIATES, INC. 4111 S.W. 25TH STREET FORT LAUDERDALE FL 33317</b>
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>6000004163136-1</b>
CITY-ST-ZIP	<b>-05/08/01--01122--003</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
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: **Deanna Miller - President** *Deanna Miller* DATE **4/10/01** 914-967-5039  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)