

2002 UNIFORM BUSINESS REPORT (UBR)

0001287 AV

DOCUMENT # A97000002706
 1. Entity Name
THE CARLISLE AT LANTANA LIMITED PARTNERSHIP

FILED

02 MAY 15 PM 2:15

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**3225 AVIATION AVENUE, SUITE 700
 COCONUT GROVE FL 33133**

Mailing Address
**3225 AVIATION AVENUE, SUITE 700
 COCONUT GROVE FL 33133**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
4101 RAVENSWOOD RD. #115
 Suite, Apt. #, etc.
SUITE 120
 City & State
DANIA, FL
 Zip
33312 Country
USA

DUE BY MAY 1, 2002

4. FEI Number
65-0809633

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

6. Name and Address of Current Registered Agent
MARCUS, STEWART
3225 AVIATION AVENUE, SUITE 700
COCONUT GROVE FL 33133

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. **\$3,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$526.25**

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 #	P97000096137
NAME	THE CARLISLE AT LANTANA, INC.
STREET ADDRESS	3225 AVIATION AVENUE, SUITE 700
CITY-ST-ZIP	COCONUT GROVE FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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CITY-ST-ZIP	

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*****535.00 ***535.00**

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: _____ DIRECTOR **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)