

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 29 PM 2:46

1. Name of Limited Partnership

1a. DOCUMENT #  
A98000000243

LAUDERDALE LAKES, LTD.



Mailing Address

4275 LAKE HEATHROW LANE, SUITE 105  
HEATHROW-FL 32746

Principal Office Address

1275 LAKE HEATHROW LANE, SUITE 105  
HEATHROW-FL 32746

3. Date Formed or Registered

01/26/1998

5a. Capital Contributions as  
Shown on record.

\$1,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$1,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3497554

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

615 Crescent Executive Court

Suite, Apt. #, etc.

Suite 120

City & State

Lake Mary, FL

Zip Country

32746

USA

2a. Principal Office Address

615 Crescent Executive Court

Suite, Apt. #, etc.

Suite 120

City & State

Lake Mary, FL

Zip Country

32746

USA

9. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR., ESQ  
C/O GREENSPOON, MARDER, ET AL  
135 WEST CENTRAL BLVD., SUITE 1100  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

LAUDERDALE LAKES, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1275 LAKE HEATHROW LA-  
615 Crescent Executive  
Court, Suite 120

11b. City, State & Zip Code

HEATHROW-FL 32746  
Lake Mary, FL 32746

11c. Registration/  
Document Number

P98000007784

100002731091--0  
-01/05/98--01092--001  
\*\*\*150.00 \*\*\*150.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Lauderdale Lakes, Inc., by Jonathan L. Wolf, President

DATE

12-29-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407-333-3233

CR2E003 (8/98)



ACCOUNT NO. : 072100000032

REFERENCE : 081409 5011958

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 29, 1998

ORDER TIME : 12:05 PM

ORDER NO. : 081409-040

CUSTOMER NO: 5011958

CUSTOMER: Ms. Sandra M. Graham  
Greenspoon Marder Hirschfeld  
135 West Central Blvd Ste 1100  
South Trust Bank Building  
Orlando, FL 32801

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ANNUAL REPORT FILING

NAME: LAUDERDALE LAKES, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS: \_\_\_\_\_