2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000797					FILED	
1. Entity Name FORTUNE LAKES, LTD.					02 APR 29 PM 5: 08	
TORIUNE DANCO, LID.			2		SECRETARY OF STATE TABLEAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 912 HIGHLAND AVENUE 912 HIGHLAND AVENUE ORLANDO FL 32803 ORLANDO FL 32803					TAELAHASSEE, FLORIDA	
J.	·L 32803	ORLANDO FL 32803				1881
Principal Place of Business 3. Mailing Address			<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State	City & State		4. FEI Number Applied Fo	or i
Zip Country		Zip	Country		59-351/16/ Not Applica	
	6. Name and Address of Curre	nt Registered Agent	:1:	್ರಾಆರ್. ಆ	Fee Required	
*	at the same same same at the same	nt riegistered Agent		Name	7. Name and Address of New Registered Agent	{
BASQUE, JAMES F 1637. EAST-VINE STREET, SUITE E				Street Address (P.O. Box Number is Not Acceptable)		
KISSIMMEE FL 34744						
				City FL Zip Code		
SIGNATURE 9. Capital Co	Signature, typed or printed name of registered age		apital Contribu	tions	DATE DATE	_
as Shown	on record.	in FLORIDA t	to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION GISTERED AND ACTIVE WITH THIS OFFICE.	
	NOTE: General Partners N	IAY NOT be changed o	n the form;	an amenda	ment must be filed to change a general partner.	
12. DOCUMENT#	GENERAL PARTNER INFORMATION P9200006282			ADDRESS CHANGES ONLY		
NAME STREET ADDRESS	WESTWOOD, INC.		STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-S	T-ZIP	900005401549 4	
DOCUMENT # NAME STREET ADDRESS !			STREET	ADDRESS	-05/07/0201067026 ****141-25 ****141-25	
CITY-ST-ZIP		7 -2 7	CITY-S	T-ZIP	BK -	
DOCUMENT # JAME STREET ADDRESS	_		STREET	ADDRESS		
CITY-ST-ZIP			CITY-ST	T-ZIP		
OCUMENT # IAME ITREET ADDRESS			STREET	ADDRESS		
ITY-ST-A			CITY-SI	-ZIP		
OCUMENT			STREET	ADDRESS		
TREET ADDRESS			CITY-ST	- ZIP		
OCUMENT # IAME TREET ADDRESS	·		STREET	ADDRESS		
ITY-ST-ZIP			CITY-ST	- 1		
4.*I hereby of sindicated of the received	ertify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute the	h this filing does not qualify that my signature shall hav his report as required by Ch	for the exemp ve the same le apter 620, Flo	tion stated in t gal effect as it rida Statutes	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership	or or
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SIGNATURE: _/

3/28/02 407-649-4205