2002	Zy UNI	FORM BUS	INES	S REPOI	RT (	UBI	R)		HT	MUVE.				
DOCUMENT # A9800000995  1. Entity Name									AND FILED					
CCR OF LAKE LAS VEGAS, LTD.								02 MAY 23 PM 12: 39						
•	ce of Busines STREET, SUIT		3250	Mailing Address 3250 MARY STREET. SUITE 501 MIAMI FL 33131					SECRETA FALLAHA:					
,														
2. Principal F	Place of Busin	ess	ng Address				1 (83/31)	1810 IB141 IB111 80111 B1		TIII EBISB	i 18119 18181 9111 18	BI .		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					DUE BY MAY 1, 2002						
City & Stat	te		City & State			4.	El Number	65-1000184	<u> </u>	T	Applied For Not Applica			
Zip	Zip Country			Zip Coun			5. Certificate of Status Desired See Require				Additional	DIE		
	6. Name	and Address of Current	l Registered	ا Agent عند Agent		·	- 7: 1	lame and /	Address of New F			<u> </u>	$\dashv$	
	· · · · · · · ·		Name				Ť							
PELZ, ARVIN						-Street:A	ddress (P.O.=E	lox-Number	is Not Acceptable	e)	تستن			
3250 MARY ST., STE 500							·		•	<u> </u>			_	
MIAMI FL 33133														
				City				FL	Zip	Code				
8. The above	named entity	submits this statement for	the purpo	se of changing its re	egistered	d office or	registered ag	ent, or both	, in the State of Flo	orida.				
SIGNATURE														
0.0-3-10-	· ·	or printed name of registered agent a							T	DATE			_	
9. Capital Contributions as Shown on record. \$99.00 in FLORIDA to compare the state of the state						utions	99.0	2	11. MAKE CHEC SEE REVER			PT. OF STATE NFORMATION		
	A G NOTE:	ENERAL PARTNER T General Partners MA	HAT IS A	BUSINESS ENT	ITY MU	ST BE F	REGISTERE	D AND A	CTIVE WITH TH	IS OFFICE	ner.			
NOTE: General Partners MAY NOT be changed on th  12. GENERAL PARTNER INFORMATION									ADDRESS CHA				-	
DOCUMENT # NAME		AKE LAS VEGAS GP, I	NC.		STREET	FADDRESS							(6/04)	
STREET ADDRESS CITY-ST-ZIP	3250 MAF MIAMI FL	RY STREET, SUITE 501 33131		СП		ST-ZIP								
DOCUMENT # NAME						ADDRESS		ŢT.C	100050 -06/04	5 <b>77</b> 8 /0201	327 069-	~ 006		
STREET ADDRESS CITY-ST-ZIP						ST-ZIP	70005677827 -06/04/0201069 ****141.25 *****1					141.25		
DOCUMENT # **** NAME		The second secon	* J		STREET	ADDRESS	· · · · ·			, , , , , , , , , , , , , , , , , , ,				
STREET ADDRESS -CITY-ST-ZIP-			<del>= = = = = =</del>		_CITY-S	T-ZIP	<del></del>	· <del>····</del> ······	<del> </del>		<del></del>		<u>-</u>	
DOCUMENT # NAME					STREET	ADDRESS								
STREET ADDRESS CITY-ST-ZIP				•	CITY-S	T-ZIP								
NAME  OTRECT ADDRESS				:	STREET	ADDRESS								
STREET ADDRESS CITY- 7-ZIP					CiTY-S	T-ZIP								
NAME STREET ADDRESS				;	STREET	ADDRESS								
CITY-ST-ZIP					CITY-S	T-ZIP								

**SIGNATURE:** 

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 CCR FLAKE LOSVYAS GRING
VALUE : AS OM. PHAR SYAPING 1 (35) 445-2493
PARTNER Date Date Daylime Phone #