2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001206

1. Entity Name LECHALET I INVESTORS, LTD.



FILED 03 MAY -6 PH 8: 43 SECRETARY OF STATE TALLAHASSEE FLORIDA

		A SECOND	
Principal Place of Business GARDENS CORPORATE CENTER 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS, FL 33410	Mailing Address C/O BROWN * NOTE NEW ADDRESS* 1500 W Cypress Creek Rd., Ste. 40 Ft. Lauderdale, FL 33309	· ·	STATE
		,	IIE

] "	•			
GARDENS CO 3801 PGA B	ce of Business PRPORATE CENTER OULEVARD, SUITE 555 I GARDENS, FL 33410	* NOTE NEW ADDR 500 W Cypress Creek Rd Ft. Lauderdale, FL 33	Ste. 409	Kencl	STATE			III	
2. Principal F	Place of Business	3. Mailing Address	. 11						
1500	1500 W. Cypress Creek Rd. Suite, Apt. 4, etc.		uo						
Suite	e 409					DUE BY MA	Y 1, 2003		
Ft. L	auderdale, FL 33309	City & State			4. FEI Number	65-0838266			pplicable
		Zip	Country		5. Certificate o	f Status Desired		75 Additio	onal
	6. Name and Address of Current R	legistered Agent			7. Name and A	ddress of New R			
9801 PGA (CORR. CORPORATE CENTER- BOULEVARD, CUITE 565 CH GARDENS, FL 33410		City	D Bre 150 Suit	0 W. Cypro te 409	Scholf Estate Group ess Creek R FL 33309	d.	Zip Code	
the obligat	Signature, typed or printed name of registered agent an	blulf .	micho	el E.	Schultz	2- 2-	1/28/U	liar with, an	
 Capital Co as Shown 	ontributions on record. \$745,000.00	10. Amount of Capita in FLORIDA to da			26.91	11 MAKE CHECK SEE REVERS	(PAYABLE TO E SIDE FOR FE		
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENT	TITY MUST	BE REGIS	TERED AND AC	HT HTIW 3VITS	S OFFICE.	r	THE STATE OF THE S
12.	GENERAL PARTNER		13.	E I I I I I I I I I I I I I I I I I I I	· ·	ADDRESS CHA		<u>'</u>	
DOCUMENT # NAME	P98000043115 LECHALET I EQUITY CORPORAT	ION	STREET ADDR	ESS /5/	(ג מח	BID0155	lack	Pd	#409
	3801 PGA BLVD., STE. 555		CITY-ST-ZIP	In	+ Land	con la 1	1 3	227	#409 9
DOCUMENT /			STREET ADDR	ESS ESS	LYUKK	i care is		بر بر	
NAME STREET ADDRESS			CITY-ST-ZIP	<u> </u>		·			
CITY -ST-ZIP			GIVE-31-ZII			<u> </u>		18	
DOCUMENT # NAME			STREET ADDR	ESS	05/06/	0301.068	020 🕴	* 526.2	25
STREET ADDRESS City-St-Zip			CITY-ST-ZIP		_				
DOCUMENT / NAME			STREET ADDR	ESS					
STREET ADDRESS CITY -ST-ZIP			CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		
DOCUMENT /			STREET ADDR	ESS					
STREET ADDRESS CITY -ST-ZIP			CITY-ST-ZIP						
DOCUMENT #			STREET ADDR	ESS			· <u> </u>	· · · · · ·	
STREET ADDRESS CITY -ST-ZIP			CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		
14. I hereby of indicated the receive	pertify that the information supplied with it on this report is true and accurate and the er or trustee empowered to execute this	nis filing does not qualify for that my signature shall have the report as required by Chapter	the exemption ne same legal er 620, Florida	stated in Se effect as if n Statutes	oction 119.07(3)(i), nade under oath; t	Florida Statutes. I hat I am a General	further certify if Partner of the I	nat the infor imited partr	mation nership or

SIGNATURE:

STAPLE CHECK HERE

While I Schult Michael E. Schultz 4128/03 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER