

2002 UNIFORM BUSINESS REPORT (UBR)

0002945 AV

DOCUMENT # **A98000001305**

1. Entity Name

LAKE WASHINGTON SQUARE, LTD., OF MELBOURNE

FILED

02 APR 25 PM 12:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business C/O WILTON L. WHITE, ESQ. 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401	Mailing Address C/O WILTON L. WHITE, ESQ. 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 54-1898865	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WHITE, WILTON L ESQ. C/O MOYLE, FLANIGAN, ET AL 625 NORTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401	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. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	13. ADDRESS CHANGES ONLY
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L98000000672 LAKE WASHINGTON SQUARE GENERAL PARTNER, LC 625 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH FL 33401	STREET ADDRESS	
		CITY-ST-ZIP	200005451172--8 05/03/02-01100-015 ****535.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/02 **(703) 760-9500**
Date Daytime Phone #

CR2E003 (9/01)