

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001906

1. Entity Name
LAKE AREA OF KEYSTONE HEIGHTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 30 AM 10:04

WZ/4

Principal Place of Business
C/O SHEY ASSOCIATES, INC.
6110 N.W. 1ST PLACE
GAINESVILLE FL 32607

Mailing Address
C/O SHEY ASSOCIATES, INC.
6110 N.W. 1ST PLACE
GAINESVILLE FL 32607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3530299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEY, LAURA B
6110 N.W. 1ST PLACE
GAINESVILLE FL 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

200,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # 348029
NAME SHEY ASSOCIATES, INC.
STREET ADDRESS 6110 N.W. 1ST PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

STREET ADDRESS

CITY-ST-ZIP

600011413856
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STREET ADDRESS

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: *[Signature]* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/03

Date

352-331-1668

Daytime Phone #

CR2E003 (10/02)

0007405 AT