

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011319 AT

DOCUMENT # **A98000002405**

1. Entity Name

**LAKE MARION GOLF ESTATES, LIMITED**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 29



Principal Place of Business  
**11860 W STATE ROAD 84, B-15  
DAVIE FL 33325**

Mailing Address  
**11860 W STATE ROAD 84, B-15  
DAVIE FL 33325**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0879474**

Applied For  
Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**ROBBINS, CHARLES D  
5214 LA GORCE DRIVE  
MIAMI BEACH FL 33140-2106**

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

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

DATE

9. Capital Contributions as Shown on record. **\$650,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

**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.**

**AL**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>P95000095040</b>
NAME	<b>WATERWAYS DEVELOPMENT, INC.</b>
STREET ADDRESS	<b>11860 W STATE ROAD 84, B-15</b>
CITY-ST-ZIP	<b>DAVIE FL 33325</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>9000005193539--4</b>
CITY-ST-ZIP	<b>-04/05/02--01005--023</b>
	<b>*****535.00 *****535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* **03/25/02**

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE