

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002405

1. Entity Name
LAKE MARION GOLF ESTATES, LIMITED



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

FILED
03 APR 16 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

Name
E.H.G. Resident Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
5100 Town Center Circle
Suite 430
City Boca Raton FL Zip Code 33486

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 *E.H.G. Resident Agents, Inc.*
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 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 # P95000095040
NAME WATERWAYS DEVELOPMENT, INC.
STREET ADDRESS 11860 W STATE ROAD 84, B-15
CITY-ST-ZIP DAVIE FL 33325

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/06/03

Daytime Phone #

CR2E003 (10/02)

001429 AT