

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A98000002448

1. Entity Name

ARBOR LAKES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 23 PM 3:38

Principal Place of Business

2201 CORPROATE BLVD., N.W., SUITE 200
BOCA RATON FL 33431

Mailing Address

2201 CORPROATE BLVD., N.W., SUITE 200
BOCA RATON FL 33431

2. Principal Place of Business

1515 S. FEDERAL Hwy

3. Mailing Address

1515 S. Federal Hwy

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

USA

Zip

33432

Country

USA



MOORE

CR2E003 (11/03)

4. FEI Number

65-0871195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A
C/O BROAD & CASSEL
7777 GLADES ROAD, SUITE 300
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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.**

\$3,700,000.00

**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

DOCUMENT # 856211
NAME ALTMAN DEVELOPMENT CORPORATION
STREET ADDRESS 2201 CORPROATE BLVD., N.W., SUITE 200
CITY-ST-ZIP BOCA RATON FL 33431

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

300032102313
04/07/04 81043-033 **526.25

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

Chairman

Date

Daytime Phone #

STAPLE CHECK HERE