

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A98000002473**

1. Entity Name  
**LAKESMART ASSOCIATES, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 18 PM 3:36

WZ  
2/28

Principal Place of Business  
**2937 S.W. 27TH AVENUE, SUITE 303  
COCONUT GROVE FL 33133**

Mailing Address  
**2937 S.W. 27TH AVENUE, SUITE 303  
COCONUT GROVE FL 33133**



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, 2003**

4. FEI Number **65-0871658**

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

**GREEN, PATRICIA K  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130**

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.

**\$99.99**

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 # **P98000092471**  
NAME **LAKESMART ASSOCIATES, INC.**  
STREET ADDRESS **2937 S.W. 27TH AVENUE, SUITE 303**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **N96000002724**  
NAME **FLORENCE VILLA COMMUNITY DEVELOPMENT CORP**  
STREET ADDRESS **111 AVENUE R, NE**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

STREET ADDRESS

CITY-ST-ZIP

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**800012701588**  
**02/18/03--01050--013 \*\*150.00**

14. I hereby certify that the information supplied with this form 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

Date

Daytime Phone #

CR2E003 (10/02)