

148000002919



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 22 PM 2:07

1. Entity Name
LEWIS PLACE ASSOCIATES, LTD.

Principal Place of Business
4707 N.W. 53 AVENUE, SUITE A
GAINESVILLE FL 32606

Mailing Address
4707 N.W. 53 AVENUE, SUITE A
GAINESVILLE FL 32606

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05/05/03 01003 018 \$526.25
DUE BY MAY 2003
4. FEI Number 59-3548613
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JENNINGS, EDWARD L JR
4707 N.W. 53 AVENUE, SUITE A
GAINESVILLE FL 32606

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

9. Capital Contributions as Shown on record. \$2,745,000.00
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 #	P97000107908	
NAME	LEWIS PLAZA, INC.	
STREET ADDRESS	4707 N.W. 53 AVENUE, SUITE A	
CITY- ST- ZIP	GAINESVILLE FL 32606	
DOCUMENT #		
NAME		
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CITY- ST- ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

14. I hereby certify that the information supplied in 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: Anne M. Wallace as Sec/Treas.
Lewis Plaza, Inc.
Gen. Partner.
4/28/03 352-377-2240