2001 UNIFORM BUSINESS REPORT (UBR)						
DOCU 1. Entity Nam	MENT # A9900	0000058		» X		
CASCAD	e Lakes, LTD.			. F	ILED	V
Principal Place of Business 7777 GLADES ROAD. SUITE 410 BOCA RATON FL 33434		Mailing Address 7777 GLADES ROAD, SUITE 410 BOCA RATON FL 33434		SECRET	ARY OF STATE	ACIN 6000 0630 8300 8300 8108 808 100 100
Principal Place of Business     3. Mailing Address			:		ENIA 88111 96114 BESIL 89191 91145 1611 (891	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 52-2139884	Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Reg	
WIENER, ELLIOTT 7777 GLADES ROAD, SUITE 410				Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33434						
				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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
				UST BE REGIST	ERED AND ACTIVE WITH THIS must be filed to change a gene	
12. GENERAL PARTNER INFORMATION			13.	13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NORTHSTAR HOLDINGS, LTD.			ET ADDRESS -ST-ZIP	<del>- 0000030</del> -02/06/	355060 6 (8) 0101113004
DOCUMENT #	M63521			ET ADDRESS	**************************************	6.25 *****526.25   8
NAME STREET ADDRESS CITY-ST-ZIP	BANKATLANTIC VENTURE PARTNERS 5, INC.		CITY	-ST-ZIP		
DOCUMENT # ** NAME	P99000088933 EJ HOLDINGS, INC.		STRE	ET ADDRESS	The state of the s	
STREET ADDRESS CITY-ST-ZIP			City-	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	·	
DOCUMENT #			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			<b>.</b>	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 Statules. 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    3501						
SIGNATURE: Jeftery Hovos, SVP-Finance, BankAtlantic Venture Partners 5, Inc.  SIGNATURE AND THE OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date						