

2000 UNIFORM BUSINESS REPORT (UBR)

3/07/2007
A:

DOCUMENT # A99000000929

1. Entity Name
LAKEVIEW CLUB GP, LTD.

FILED LR 4/20
00 APR 13 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1300 NORTH FLORIDA MANGO ROAD, STE. 15
WEST PALM BEACH FL 33409

Mailing Address
1300 NORTH FLORIDA MANGO ROAD, STE. 15
WEST PALM BEACH FL 33409-5255



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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name: Bruce A. MALASKY Street Address (P.O. Box Number is Not Acceptable): 1300 N. FLORIDA MANGO RD STE 15 City: WEST PALM BEACH FL Zip: 33409	

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] - Bruce A. MALASKY DATE: 11/13/00

9. Capital Contributions as Shown on record. \$1,300,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000061838 LAKEVIEW CLUB GP CORPORATION 1300 NORTH FLORIDA MANGO ROAD, STE. 15 WEST PALM BEACH FL 33409	STREET ADDRESS CITY - ST - ZIP	
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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] DATE: 11/13/00 DAYTIME PHONE: 561-471-8600