APPROVEL

AND

02 APR 17 PH 2: 37

## **2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

LAKE UNLIMITED, LTD., LLP

1. Entity Name

A9900002237

							SECRETARY OF STATE TAULAHASSEE, FLORIDA		
Principal Place of Business Mailing Address							FACLAMASSEE: LOMO?		
6529 SOUTHI WEST PAIM	ern blvd. Beach fl 334		uthern Blvd. Alm Beach Fl 33	8413					
WEO! IIIE	DOION IE OU		11201 17	TEM DESCRIPTE OF	7410		1 1881 EN 1 181 EN 181 EN 181 EN 18		
2. Principal P	lace of Busine	3. Mailing Address				I PROCETO HARA KRISTO TRANK ROMINI BRIKI ROMINI REMIKE RAKSE MURIN MARKA MUNIK MARKA	101		
Suite, Apt.	# etc	Suite, Apt. #, etc.				The state of the s			
Gaile, Apr.	<b>*</b> , 0.0.	Suite, Apr. #, etc.				DUE BY MAY 1, 2002			
City & State	е	City & State				4. FEI Number 65-0970893 Applied Fo			
Zip Country			Zip Cour			tor	I Inot Applica	able	
2.5			2.5		uy	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent		
DECKHAM GEGEDEA						Name ~			
PECKHAM, GEOFFREY 6529 SOUTHERN BLVD.					Street Addre		ddress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33413									
						City	<b>□</b> Zip Code		
							FL   '		
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.									
CICALATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							DATE		
9. Capital Contributions as Shown on record. \$450,000.00 in FLORIDA to date					e.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GI NOTE:	ENERAL PARTNER T General Partners MA	HAT IS A B	USINESS ENT	ITY M	UST BE R	REGISTERED AND ACTIVE WITH THIS OFFICE. Indicated the filed to change a general partner.		
12.		GENERAL PARTNER			13.	,	ADDRESS CHANGES ONLY		
DOCUMENT#					STRE	ET ADDRESS			
NAME PECKHAM, GEOFFREY STREET ADDRESS 6529 SOUTHERN BLVD.						-			
CITY-ST-ZIP WEST PALM BEACH FL 33413					CITY	-ST-ZIP			
DOCUMENT #				<del></del>	CTDE	ET ADDDTEC		$\neg$	
NAME					STREET ADDRESS				
STREET ADDRESS CITY-SI-ZIP				CITY-ST-ZIP		ST-ZIP	800005015516 6		
DOCUMENT #					<b></b>		600005315516 -04/22/0201126007	<u>i</u>	
NAME					STREET ADDRESS		****526.25 ****526.25		
STREET ADDRESS					CITY	ST-ZIP			
CITY-ST-ZIP					-				
DOCUMENT #	l				STRE	ET ADDRESS			
STREET ADDRESS					CITY.	ST-ZIP			
CITY-ST-ZIP					5,11	0, 2.11		$\dashv$	
DOCUMENT # NAME					STRE	ET ADDRESS		ŀ	
STREET ADDRESS						<b> </b>		—	
CITY-ST-ZIP					CITY-	ST-ZIP			
DOCUMENT #	i				STREI	ET ADDRESS		ŀ	
NAME STREET ADDRESS		_		/ 1					
CITY-ST-ZIP				-1 $-1$ .	hcity	ST-ZIP			
14. I hereby c	ertify that the	information supplied with	this filir g doe	s not qualify to the	he ker	nption stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	<u> </u>	
14. I hereby certify that the information supplied with this filling lices not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accordance and material 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 the pterior of statutes.									
			<i>V</i>	1.1.1.	/		11 1		
SIGNAT	URE: 🖳		100	JUXX	-::)		4/11/02 561-478-2711	_	
		SIGNATURE AND TYPED OR	rijin (EU NAME <b>j</b>	F SKNING GENERAL	CARTHE	П	Date Daytime Phone #	- 1	