2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000172

1. Entity Name

LYNWOOD 139 LIMITED PARTNERSHIP

FILED
01 FEB 26 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
200 WEST MADISON STREET 25TH FLOOR CHICAGO, IL 60606	200 WEST MADISON STREET 25TH FLOOR CHICAGO, IL 60606

2. Principal Place of Business	3. Mailing Address
36330 US HWY 19 N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR, FL	City & State
Zip: 34684 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 36-4096172 ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number s 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.

SIGNATURE: _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

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 INSTRUCTION BOOK FOR FEE INFORMATION
$250,000.00		

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 #	384080		
NAME	LANSBROOK DEVELOPMENT CORPORATION	STREET ADDRESS	36330 US HWY 19 N
STREET ADDRESS	4605 VILLAGE CENTER DRIVE	CITY-ST-ZIP	PALM HARBOR, FL 34684
CITY-ST-ZIP	PALM HARBOR, FL 34685		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600003795176--5
STREET ADDRESS			-03/02/01--01010--015
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: _____ Glen Miller, Vice President, 1/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Telephone Number #