2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 JAN 29 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0020657 AB

DOCUMENT # B97000000723

1. Entity Name

LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2250 MCGILCHRIST ST., SE SALEM OR 97302	ATTN: DELLANE COLSON P.O. BOX 14111 SALEM OR 97309

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 93-1236869 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

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

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
$461,128.00		

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 #		STREET ADDRESS	
NAME	COLSON, WILLIAM E	CITY-ST-ZIP	400004834434--1 -01/29/02--01068--007 *****576.25 *****50.00 526.25
STREET ADDRESS	2250 MCGILCHRIST ST., SE		
CITY-ST-ZIP	SALEM OR 97302		
DOCUMENT #	B00000000385	STREET ADDRESS	
NAME	B.F. LIMITED PARTNERSHIP	CITY-ST-ZIP	FP $526.25
STREET ADDRESS	2025 1ST AVENUE, SUITE 890		
CITY-ST-ZIP	SEATTLE WA 98121		
DOCUMENT #	M00000002639	STREET ADDRESS	
NAME	BRENDEN FAMILY L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	2250 MCGILCHRIST STREET, SE		
CITY-ST-ZIP	SALEM OR 97302		
DOCUMENT #	F00000007160	STREET ADDRESS	
NAME	PLLK, INC.	CITY-ST-ZIP	
STREET ADDRESS	1675 BROADWAY, 16TH FLOOR		
CITY-ST-ZIP	NEW YORK NY 10019		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: William E. Colson 4/23/02 503 370 7071 x 7209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

RETIREMENT CORP.

2250 McGilchrist St. S.E. • Salem, Oregon 97302
P.O. Box 14111 • Salem, Oregon 97309-5026
(503) 370-7070 • Fax (503) 375-7644

January 23, 2002

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: 2002 Uniform Business Report

Dear Clerk:

Enclosed please find a check in the amount of $576.25 and the UBR renewal reports for the following:

1. M01000001115 Tuskawilla Retirement Residence LLC
2. B97000000723 Lakeland Retirement Residence Limited Partnership

Please process the enclosed appropriately.

If you have any questions regarding the enclosed please contact me at 503/370-7071, extension 7209. Thank you.

Sincerely,

HOLIDAY RETIREMENT CORP.

Dellane Colson
Real Estate Dept.

Enclosure