

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000723**

1. Entity Name

LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHIP

FILED

02 JAN 29 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2250 MCGILCHRIST ST., SE
SALEM OR 97302**

Mailing Address

**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

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

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

DATE

9. Capital Contributions
as Shown on record.

\$461,128.00

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
	COLSON, WILLIAM E	2250 MCGILCHRIST ST., SE	SALEM OR 97302
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	B00000000385	B.F. LIMITED PARTNERSHIP	2025 1ST AVENUE, SUITE 890
		SEATTLE WA 98121	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	M00000002639	BRENDEN FAMILY L.L.C.	2250 MCGILCHRIST STREET, SE
		SALEM OR 97302	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	F00000007160	PLK, INC.	1675 BROADWAY, 16TH FLOOR
		NEW YORK NY 10019	
DOCUMENT #	NAME	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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William E. Colson

Date

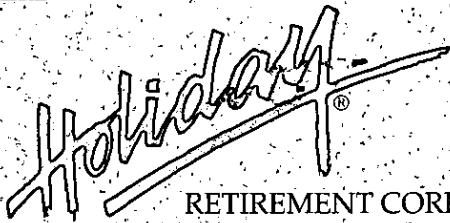
Daytime Phone #

4/23/02

**503 370 7071
x 7209**

CR2E003 (9/01)

0020657 AB



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