


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020882
3

DOCUMENT # B97000000723

1. Entity Name
LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHI
P



FILED

03 JAN 24 AM 11:11

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
Suite, Apt. #, etc.
City & State
Zip Country

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$461,128.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 #	COLSON, WILLIAM E	STREET ADDRESS	
NAME	2250 MCGILCHRIST ST., SE	CITY-ST-ZIP	
STREET ADDRESS	SALEM OR 97302		
CITY-ST-ZIP			
DOCUMENT #	B00000000385	STREET ADDRESS	600010701136
NAME	B.F. LIMITED PARTNERSHIP	CITY-ST-ZIP	01/24/03--01086--002 **1252.50
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	PLK, 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	M THOMAS
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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)* **SIGNATURE REQUIRED** 1-7-03 503/370 7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)