

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003748 AF

**DOCUMENT # B98000000516**  
 1. Entity Name  
**LYONS COVE APARTMENTS LIMITED PARTNERSHIP**

**FILED**

01 APR 25 PM 12:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**948 BRICKELL AVENUE, SUITE 810**      **948 BRICKELL AVENUE, SUITE 810**  
**MIAMI FL 33131**      **MIAMI FL 33131**

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

4. FEI Number      Applied For  
**65-0857971**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**LISS, RICHARD**  
**% DAYCO HOLDING CORP.**  
**848 BRICKELL AVENUE, SUITE 810**  
**MIAMI FL 33131**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$4,000,000.00**      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**

DOCUMENT #	<b>P96000018098</b>
NAME	<b>DAYCO OF SOUTH FLORIDA CORP.</b>
STREET ADDRESS	<b>848 BRICKELL AVENUE, SUITE 810</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400004191564--2</b>
CITY-ST-ZIP	<b>-05/09/01--01114--029</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** **Luis Laman**      4/23/01      305-377-8998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)