

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AV

02 APR 19 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # B98000000516**

1. Entity Name  
**LYONS COVE APARTMENTS LIMITED PARTNERSHIP**

Principal Place of Business <b>848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131</b>	Mailing Address <b>848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0857971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$20,270</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 - August 1st 1999</b>
NAME	<b>DAYCO OF SOUTH FLORIDA CORP. Filed 12/2/00</b>
STREET ADDRESS	<b>848 BRICKELL AVENUE, SUITE 810</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
DOCUMENT #	<b>New Name - The Florida Apartment Club, INC</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000005361440--0</b>
CITY-ST-ZIP	<b>-04/29/02--01007--013</b>
	<b>****230.64 ****230.64</b>

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]* **REQUIRE** 4/16/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)