

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**B9800000697**

**FILED**

**02 NOV 18 PM 12:24**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**500009083555**  
**11/19/02--01065--014 \*\*1035.00**

**DOCUMENT #** B98000000697

**1. Name of Limited Partnership**

The Grand Regency at Lake Lotus, L.P.

**2. Principal Office Address**

838 Grand Regency Pointe Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Same

Zip

32714

Country

USA

Zip

Same

Country

Same

**8. Name and Address of Current Registered Agent**

Name

Eldon Warfield

Street Address (P.O. Box Number is Not Acceptable)

838 Grand Regency Pointe

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

**4. Date Formed or Registered To Do Business in Florida**

12/11/98

**5. FEI Number**

59-3523360

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required for a Certificate of Status

**7a. Capital Contributions as shown on Record:**

**7b. Amount of Capital Contributions in FLORIDA to date:**

6,258,000

**FEES:**

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.**

SIGNATURE (Registered Agent Accepting Appointment)

*Eldon Warfield*

DATE 11-14-02

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**10.**

Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a.**

Registration Document Number

Rock/ Grand Regency LLC 838 Grand Regency Pointe

Altamonte Springs  
FL, 32714

M01000002207

REINSTATEMENT

AL

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.**

SIGNATURE

*Jeffrey Cohen*

DATE

11/14/02

Typed or Printed Name of General Partner Signing Form

Jeffrey Cohen, on behalf of it

Telephone Number

(734) 779-8900

CR2E039 (10/02)