

2001 UNIFORM BUSINESS REPORT (UBR)

0016912 AF

DOCUMENT # B99000000068

1. Entity Name

QUAIL LAKE LIMITED PARTNERSHIP

Principal Place of Business

4605 VILLAGE CENTER DRIVE
PALM HARBOR FL 34685

Mailing Address

200 WEST MADISON STREET, 25TH FLOOR
CHICAGO IL 60606

FILED

01 FEB 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

36330 US HWY 19 N

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

Zip

34684

Country

US

Country

4. FEI Number

36-4285818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$198,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$198,000.00

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 # 384080
NAME LANSBROOK DEVELOPMENT COMPANY
STREET ADDRESS 4605 VILLAGE CENTER DRIVE
CITY-ST-ZIP PALM HARBOR FL 34685

13. ADDRESS CHANGES ONLY

STREET ADDRESS 36330 US HWY 19 N
CITY-ST-ZIP PALM HARBOR, FL 34684

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Miller, Vice President, 1/29/01

Date

Daytime Phone #

CR2E003 (11/00)