

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000002285**

1. Entity Name  
**TSC LAKE RIDGE, LLC**

Principal Place of Business: **333 WEST CAMINO GARDENS BLVD., STE. 200 BOCA RATON FL 33432**  
 Mailing Address: **333 WEST CAMINO GARDENS BLVD., STE. 200 BOCA RATON FL 33432**

2. Principal Place of Business, 3. Mailing Address

Suite, Apt. #, etc. City & State

City & State

Zip Country Zip Country

4. FEI Number Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

**7. Name and Address of New Registered Agent**

**WHITE & CASE LLP  
200 S. BISCAYNE BLVD., STE. 4900  
MIAMI FL 33131**

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. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State  
 Due By September 26, 2001

**500004546345--7**  
 08/21/01--01015--028  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MANAGING MEMBERS**  
**T. SCOTT COLEMAN**  
**333 W. CAMINO GARDENS BLVD.**  
**BOCA RATON, FL 33432**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **7/27/01 561-361-9150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**FILED**

**01 AUG 14 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)