

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014719 AF

DOCUMENT # L00000010690

1. Entity Name  
850 LAKE DRIVE, L.L.C.

Principal Place of Business  
980 NORTH FEDERAL HWY., STE. 410  
BOCA RATON FL 33432

Mailing Address  
980 NORTH FEDERAL HWY., STE. 410  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

MURDOCH, RICHARD A  
700 S. FEDERAL HWY, SUITE 200  
BOCA RATON, FL 33432

MURDOCH, RICHARD A  
700 S. FEDERAL HWY, SUITE 200  
BOCA RATON, FL 33432

FILED

01 FEB 26 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

MURDOCH, RICHARD A  
700 S. FEDERAL HWY, SUITE 200  
BOCA RATON, FL 33432

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100003783571--6  
-02/27/01--01117--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS MURDOCH, RICHARD A  
CITY-ST-ZIP 700 S. FEDERAL HWY, SUITE 200  
BOCA RATON, FL 33432

TITLE NAME  
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TITLE NAME  
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CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE NAME MURDOCH, RICHARD A  
STREET ADDRESS 700 S. FEDERAL HWY, SUITE 200  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE NAME  
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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)