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## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCU  1. Entity Nam  T Lake	es L.C.		OI JUL -2 PM 12: 14  SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Suite 2: Jericho	14 , NY 11									
	icho Qu	ness nadrangle	3. Mailing Address 100 Jericho Q	uadra	ngle					
Suite, Apt. 214	#, etc.		Suite, Apt. #, etc. 214			DO NOT WRITE IN THIS SPACE				_
City & State Jericho, NY			City & State Jericho, NY			4. FEI Number 10279	594	Applied For Not Applicable		
Zip 11753	Country USA		Zip 11753	,		5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent	istered Agent Name			7. Name and Address of New Registered Agent			
National Corporate Reseach, LTD., Inc.						Corporation Service Company				
1406 Hays Street Suite 2						s (P.O. Box Number is Not Acc	eptable)			
Talahassee, FL 32301						ys_Street				
City						ıassee	F	Zip Code 3230	)1-2525	]
B. The above	named enti	y submits this statement for	the purpose of changing it		ed office or regis	ered agent, or both, in the Sta	te of Florida.			}
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature registered when reinstaling)  DATE										
FILE NOWIII FPE 18 \$50.007 Make Coech Rayable to Capargners of State										]
9.		MANAGING MEMBE	RS/MEMBERS  Delete	10.	<del></del>	ADD	ITIONS/CHANG	EES Change	Addition	g
NAME STREET ADDRESS CITY-ST-ZIP	100 Je	Investors, LLC richo Quad., St o, NY 11753	<del></del>	NAM! STRE				Change	Addition	R2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP						400004455864 <sup>m</sup>				252
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CITY-ST-ZIP					-ST-ZIP				A ADMIL	-
TITLE NAME			☐ Delele	TITLE	1		7	Change)	<b>│</b>	
STREET ADDRESS	STI				ET ADDRESS			YV		
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 cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AS FINYED DAY MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  Date  Day GFB-AC MCACGEL COLOR MANAGER, ON AUTHORIZED REPRESENTATIVE  DATE  DAT										
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34. Allian Friest

j.



ACCOUNT NO. 072100000032

REFERENCE

206500

7238566

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 29, 2001

ORDER TIME: 9:36 AM

ORDER NO. : 206500-010

CUSTOMER NO: 7238566

CUSTOMER:

Allison Forrester, Paralegal

Post & Heymann Llp - Gfb

100 Jericho Quadrangle Ste.214

Jericho, NY 11753

ANNUAL REPORT FILING

T LAKES L.C

XX\_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: