## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9800000848  LAKEWORTH INVESTORS, L.C.					í	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			915
						OI APR 26 AMIC			Ar
Principal Place of Business Mailing Address					SECRETARY OF TALLAHASSEE.		TATE		
4901 N. FEDERAL HIGHWAY, SUITE 400 4901 N. FEDERAL HIGHWAY				<u>,                                    </u>		TALLAHASSEE	אטאט		
	DALE FL 33308	FT. LAUDERDALE FL 3330							
2 Principal P	lace of Business	3. Mailing Address							
z. Thiopari	lace of Dusiness	9. Mailing Address	· · · · · · · · · · · · · · · · · · ·		1191		 	######################################	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE	HJH	
City & Stat	e	City & State	lity & State			4. FEI Number Applied For 65-0839907 Not Applied For			
Zip	Country	Zip	Country	- 5	i. ·Certifica	te of Status Desired	- \$5.00 Add Fee Require	litional d	
	6. Name and Address of Currer	nt Registered Agent			. Name a	nd Address of New Registers	d Agent		
			N:	ame ,			1		
CAROSELLA, JOE				Street Address (P.O. Box Number is Not Acceptable)					
4901 N. FEDERAL HIGHWAY, SUITE 400 FT. LAUDERDALE FL 33308								* • •	
11. 0100	·		Ci	ty		· · · · · · · · · · · · · · · · · · ·	Zip Cod	9	
8. The above	named entity submits this statement	for the purpose of changing its re	egistered of	fice or registered	agent, or b	-	<del>-</del>		
SIGNATURE .									
- Oldivirone	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ager	nt signature required whe		DAT	·		
		FILE NO			taté	30000419 	4643 ;-01140-  0  *****	-CO OO L	in the second
9.	MANAGING MEM	BERS/MEMBERS	10.	-		ADDITIONS/CHANG	ies		- i
TITLE	MGRM	☐ Delete	TITLE NAME				Change	☐ Addition	(O)
NAME STREET ADDRESS CITY-ST-ZIP	CAROSELLA, JOE 4901 N. FEDERAL HIGHWAY, SUITE 400			DRESS					R2E083 (11/00)
TITLE	FT. LAUDERDALE FL 33308	Delete	CITY-ST-ZI	<u>'</u>			Change		
NAME	MGRM RAY, J.G.	_ beliefe	NAME						O
STREET ADDRESS CITY-ST-ZIP	2406 HARPER STREET		STREET ADI				1		
TITLE	JACKSONVILLE FL 32204	Delete ,	TITLE	<u> </u>			☐ Change	☐ Addition	
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STREET ADDRESS			STREET ADD	1	,		1		
CITY-ST-ZIP	earlify that the information assume and	th this filing does not available.	CITY-ST-ZI		n 110 07′′	OVI) Elorido Ctatuto - 14:-4	nordá de este e t	formetics	
indicated limited liab	ertify that the information supplied wi on this report is true and accurate an pility company or the receiver or trust	of that my signature shall have the ee emoowered to execute this re	e same lega	al effect as if made lired by Chapter F	under oa 308 Florida	th; that I am a managing men Statutes	nber or manage	r of the	

SIGNATURE: