

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

L99000001964

1. Entity Name

TIVOLI LAKES CLUB INVESTORS, LLC

Principal Place of Business

Mailing Address

625 N. FLAGLER DRIVE, SUITE 700
WEST PALM BEACH FL 33401

625 N. FLAGLER DRIVE, SUITE 700
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0909992

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

FLORIDA PROPERTY INVESTORS, INC.
625 N FLAGLER DRIVE, SUITE 700
WEST PALM BEACH FL 33401

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

500004035265--5
-04/20/01--01054--024
****100.00 ****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FPI TIVOLI LAKES CLUB, INC. 625 N FLAGLER DRIVE, SUITE 700 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David L. Perry, Jr.* David L. Perry, Jr., Manager 3-01-01

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

Date

Daytime Phone #

3085100
APR

CR2E083 (11/00)