

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000478

1. Entity Name
CAX LAKESHORE, L.L.C.

Principal Place of Business
C/O ASSET INVESTORS OPERATING PARTNERSHIP.
3410 SOUTH GALENA STREET, SUITE 210
DENVER CO 80231

Mailing Address
C/O ASSET INVESTORS OPERATING PARTNERSHIP.
3410 SOUTH GALENA STREET, SUITE 210
DENVER CO 80231

FILED

01 JUN -4 AM 8:08



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
29399 US 19 North

3. Mailing Address
29399 US 19 North

Suite, Apt. #, etc.
320

Suite, Apt. #, etc.
320

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number 86-0948081

Applied For
Not Applicable

Zip Country
33761 USA

Zip Country
33761 USA

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

GAYNOR, JOSEPH W
2637 MCCORMICK DRIVE, SUITE B
CLEARWATER FL 33579

Name American Land Lease, Inc.
Street Address (P.O. Box Number is Not Acceptable)
29399 US 19 North, #320
City Clearwater FL 33761

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMMERCIAL ASSETS, INC. 3410 S. GALENA STREET, SUITE 210 DENVER CO 80231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Asset Investors Operating Partnership 29399 US 19 North, #320 Clearwater, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004422933-1 -06/15/01-01080-017 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

4/30/01

727/726-8868

Date

Daytime Phone #

CR2E083 (11/00)

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