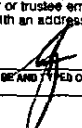


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91442 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                 |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------|----------|
| <b>DOCUMENT # P00000114112</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                |          |
| 1. Entity Name<br><b>CENTER PORT DEVELOPMENT PARTNERS LAKE CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                 |          |
| Principal Place of Business<br>1750 EAST SUNRISE BLVD.<br>FORT LAUDERDALE, FL 33304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Mailing Address<br>PO BOX 5402<br>FORT LAUDERDALE, FL 33310-5403                                                |          |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | 3. Mailing Address<br><b>P.O. Box 5403</b>                                                                      |          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Suite, Apt. #, etc.                                                                                             |          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | City & State<br><b>Fort Lauderdale, FL</b>                                                                      |          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                   | Zip                                                                                                             | Country  |
| <b>33310-5403</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>USA</b>                |                                                                                                                 |          |
| 4. FEI Number<br><b>65-1081126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Applied For<br><input type="checkbox"/> Not Applicable                                                          |          |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                 |          |
| 6. Name and Address of Current Registered Agent<br><b>GILBERT, GLEN R<br/>1750 EAST SUNRISE BLVD.<br/>FORT LAUDERDALE, FL 33304</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 7. Name and Address of New Registered Agent                                                                     |          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                 |          |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                 |          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | FL                                                                                                              | Zip Code |
| B. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                                                                 |          |
| SIGNATURE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing))</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                                                                 |          |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                 |          |
| FILE NOW! FEE IS \$150.00.<br>After May 1, 2003, fee will be \$550.00.<br>Make Check Payable to Florida Department of State.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DV                        | TITLE                                                                                                           |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LEVAN, ALAN B             | NAME                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1750 EAST SUNRISE BLVD.   | STREET ADDRESS                                                                                                  |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FORT LAUDERDALE, FL 33304 | CITY-ST-ZIP                                                                                                     |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VST                       | TITLE                                                                                                           |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GILBERT, GLEN R           | NAME                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1750 EAST SUNRISE BLVD.   | STREET ADDRESS                                                                                                  |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FORT LAUDERDALE, FL 33304 | CITY-ST-ZIP                                                                                                     |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DP                        | TITLE                                                                                                           |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ABDO, JOHN E              | NAME                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1450 EAST SUNRISE BLVD    | STREET ADDRESS                                                                                                  |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FORT LAUDERDALE, FL 33304 | CITY-ST-ZIP                                                                                                     |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | TITLE                                                                                                           |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | NAME                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | STREET ADDRESS                                                                                                  |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | CITY-ST-ZIP                                                                                                     |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | TITLE                                                                                                           |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | NAME                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | STREET ADDRESS                                                                                                  |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | CITY-ST-ZIP                                                                                                     |          |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | TITLE                                                                                                           |          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | NAME                                                                                                            |          |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | STREET ADDRESS                                                                                                  |          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | CITY-ST-ZIP                                                                                                     |          |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment. |                           |                                                                                                                 |          |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | <b>GLEN R. GILBERT</b><br>Executive Vice President                                                              |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Date <b>4/21/2003</b> Daytime Phone #                                                                           |          |

CR2E034 (10/02)