

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001549
 1. Entity Name
THE LUTTINGER LIMITED PARTNERSHIP

Principal Place of Business
**1441 THOMPSON STREET
 KEY WEST FL 33040**

Mailing Address
**1441 THOMPSON STREET
 KEY WEST FL 33040**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

DUE BY MAY 1, 2002

4. FEI Number **01-066628** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CATARINEAU, JOE A
 2600 DOUGLAS ROAD
 PENTHOUSE 8
 CORAL GABLES FL 33034**

7. Name and Address of New Registered Agent
 Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	LUTTINGER, LENORE M
STREET ADDRESS	1441 THOMPSON STREET
CITY-ST-ZIP	KEY WEST FL 33040
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	446.15-4P
STREET ADDRESS	
CITY-ST-ZIP	89-75 Adm
STREET ADDRESS	
CITY-ST-ZIP	800005510598-3
STREET ADDRESS	-06/21/02 1075-000
CITY-ST-ZIP	****534.90 ****534.90
STREET ADDRESS	
CITY-ST-ZIP	100006459281--8
STREET ADDRESS	-07/17/02 01004-007
CITY-ST-ZIP	****534.90 ****534.90
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Lenore M Luttinger Date: **4/30-02** Daytime Phone #: **508 487 1096**

APPROVED AND FILED

02 JUL 15 AM 11:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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