

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

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



DUE BY MAY 1, 2002
 4. FEI Number: **01-066628**
 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: _____

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 # | LUTTINGER, LENORE M |
| NAME | 1441 THOMPSON STREET |
| STREET ADDRESS | KEY WEST FL 33040 |
| CITY-ST-ZIP | |
| 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 | 89-75 Adm |
| CITY-ST-ZIP | |
| STREET ADDRESS | 8000055105980-3 |
| CITY-ST-ZIP | -06/21/02 01075-000 ****534.90 ****534.90 |
| STREET ADDRESS | 100006459281--8 |
| CITY-ST-ZIP | -07/17/02 01004-007 ****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 **4/30-02** **508 487 1096**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

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CR2E003 (9/01)