

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22509**

1. Entity Name

L-3, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 5:30

Principal Place of Business
C/O WINDERWEEDLE, HAINES, WARD & WOODMAN
250 PARK AVE. S. -5TH FLOOR
WINTER PARK FL 32789

Mailing Address
C/O WINDERWEEDLE, HAINES, WARD & WOODMAN
250 PARK AVE. S. -5TH FLOOR
WINTER PARK FL 32789-4316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2671165**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH J. RUSH
250 PARK AVE. S. -5TH FLOOR
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$330.00**

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
STREET ADDRESS	10114 EMPYREAN WAY, #201
CITY - ST - ZIP	LOS ANGELES CA
DOCUMENT #	NAME
STREET ADDRESS	
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	300003178863-8 -03/21/00-0111-022 *****52.50 *****52.50
STREET ADDRESS	
CITY - ST - ZIP	B/C 3/6
STREET ADDRESS	
CITY - ST - ZIP	300003178863-8 -03/21/00-0111-022 *****88.75 *****88.75
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Samuel Langberg* **SAMUEL LANGBERG** *2/9/00* **2/9/00** *(310) 156 0408* **(310) 156 0408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)