

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB 25 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22509

1. Entity Name
L-3, LTD.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business c/o Winderweede, Haines, Ward & Woodman Suite, Apt. #, etc.		3. Mailing Address c/o Winderweede Haines, Ward & Woodman Suite, Apt. #, etc.		4. FEI Number 59-2671165		Applied For <input type="checkbox"/> Not Applicable	
250 Park Aven. S. - 5th Fl. City & State Winter Park, FL 32789		250 Park Ave. S. - 5th Fl. City & State Winter Park, FL 32789		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DUE BY: MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Randolph J. Rush

Street Address (P.O. Box Number is Not Acceptable)
250 Park Avenue S. 5th Fl.

City
Winter Park, Florida FL Zip 32789

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. \$330.00	10. Amount of Capital Contributions in FLORIDA to date. -0-	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 CITY - ST - ZIP	Langberg, Samuel 10114 Emphyrean Way, #201 Los Angeles, CA	STREET ADDRESS CITY - ST - ZIP 600005021986--8 -02/26/02--01073--021 ****141.25 ****141.25
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STAPLE CHECK HERE

CR2E003B (12/01)

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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Samuel Langberg **SAMUEL LANGBERG**, 2/15/02 (610) 556 0408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #