2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCL	IMENT#	A30461

1. Entity Name LB&L, LIMITED



ONE S.E.	3RD AVENUE. 28TH FLOOR
MIAMI FI	33131

Mailing Address ONE S.E. 3RD AVENUE. 28TH FLOOR MIAMI FL 33131

APPROYES

AND. FILED

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SECRETARY OF SHATE FABRIDA

Suite, Apt. #, etc. City & State		3. Mailing Addr	3. Mailing Address Suite, Apt. #, etc. City & State 4.			DUE BY MAY 1, 2003			
		Suite, Apt. #,							
		City & State				4. FEI Number 65-0207323 Applied Fo			
Zin		Country	Zin	Cour	ntru (Not Applicable
پر کال. مخت					5. Certificate of Status Desired See Required				
	- 6Name	and Address of Curre	nt Registered Agent		+ 	7. Name and	Address of New Re	gistered Age	nt
	IA, HENRY I	h Jr.,esq Ue, 28th floor			Name Street Addres	ss (P.O. Box Number	is Not Acceptable)		
MIAMI FL		oc, 201111 COON							
MACANI I E	00101								
					City Zip Code				Zip Code
		submits this statement	for the purpose of ch	anging its register	ed office or regis	stered agent, or both	, in the State of Flori	da. I am fam	iliar with, and accept
the obligat	tions of regist	ered agent.							
SIGNATURE	Signatura byzad	or printed name of registered age	ant and title if conline his					DATE	
9. Capital Co		\$3,840,000.00		nt of Capital Contri	butions	tions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF			FI DEPT OF STATE
as Shown on record.						SEE REVERSE SIDE FOR FEE INFORMATION			
	A (GENERAL PARTNER General Partners F	RTHAT IS A BUSIN	IESS ENTITY M	UST BE REG	ISTERED AND AG	CTIVE WITH THIS	OFFICE.	er.
12.			IER INFORMATION	13.	-,		ADDRESS CHAN		
DOCUMENT #	L91107			CTD	FET ADDRESS				
NAME	L.B. HOLDINGS, INC. S ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI FL 33131			3111	LL) ADDRESS				
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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: