

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001680

1. Entity Name
LMJ PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 27 AM 10:13

Principal Place of Business
407 LINCOLN ROAD, SUITE 700
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD, SUITE 700
MIAMI BEACH FL 33139-3008



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

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

4. FEI Number 65-0752527
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HELLER, DAN P ESQ.
RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
701 BRICKELL AVENUE, SUITE 1900
MIAMI FL 33131

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. \$1,000,000.00
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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	JUDY DREILING LEASE, TRUSTEE 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139	STREET ADDRESS	CITY - ST - ZIP	
NAME				
STREET ADDRESS				
CITY - ST - ZIP	PAUL DREILING, TRUSTEE 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139	STREET ADDRESS	CITY - ST - ZIP	200003237802--6 -05/03/00--01109--017 *****535.00 *****535.00
DOCUMENT #				
NAME				
STREET ADDRESS	COMERICA BANK AND TRUST FSB L.D., TRUSTEE 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139	STREET ADDRESS	CITY - ST - ZIP	4/27
CITY - ST - ZIP				
DOCUMENT #				
NAME		STREET ADDRESS	CITY - ST - ZIP	
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DOCUMENT #				
NAME				
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: SIGNATURE REQUIRED 2-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

00041431 11:00
CR2E003 (9/99)