

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

FILED

02 MAY -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0000000170
1. Entity Name
Lee Munder Investments Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
John Hancock Bldg, T28
Suite, Apt. #, etc.
200 Clarendon Street
City & State
Boston, MA

3. Mailing Address
231 Royal Palm Way
Suite, Apt. #, etc.
City & State
Palm Beach, FL

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

Country
USA
Zip
02116

Country
USA
Zip
33480

4. FEI Number
650977624
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Valdes-Fauli Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
777 South Flagler Drive, Suite 500 East
City
West Palm Beach FL Zip Code
33401

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 14,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 14,000,000.00

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 #	L00000000831	STREET ADDRESS	
NAME	Lee Munder Investments LLC	CITY-ST-ZIP	
STREET ADDRESS	231 Royal Palm Way		
CITY-ST-ZIP	Palm Beach, FL 33480		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Terry Gardner 5/1/02 561-802-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)