2001	UNIFORM	BUSINESS	REPORT	(UBR
TOO I	Oldii Oldii	PO2114F22	MECOMI	(VDN)

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DOCU 1. Entity Nam	MENT # A0000	0001234		2		
LUTHER ENTERPRISES, LLLP				FILED		
,	ce of Business OVES POINT DRIVE 34748	Mailing Address 1632 SOUTH LOVES POINT DRI LEESBURG FL 34748	IVE	O1 JAN 26 AN IN: 29 SECRETARY OF STATE ALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Add		3. Mailing Address		-		
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number X Applied For Not Applicable	1	
Zip	Country	Zip C	Country	5. Certificate of Status Desired		
	- 6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	ł	
- 1		TO STATE OF THE ST	Name	The first searces of the tregisteres significantly	۱.	
LUTHER, RICHARD M			Street Address (P.O. Box Number is Not Acceptable)			
	TH LOVES POINT DRIVE				l	
LEESBURG	G FL 34748					
	•		City	FL Zip Code	l	
8. The above	named entity submits this statement for	the purpose of changing its regis	stered office or registe	red agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regi	istered Agent signature required	d when reinstating) DATE		
9. Capital Contributions as Shown on record. \$5,000,000.00 In FLORIDA to date.			ontributions 5,000,000	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		orm; an amenomer 13.	ADDRESS CHANGES ONLY		
DOCUMENT #				713311233 31711323 3112	8	
NAME	Luther, Richard M Trustee 1632 South Loves Point Drive Leesburg FL 34748		STREET ADDRESS			
			CITY-ST-ZIP	6000036241861 -02/02/0101083027	8	
DOCUMENT # NAME			STREET ADORESS	****526.25 *****526.25	5	
STREET ADDRESS CITY-ST-ZIP	LUTHER, BETTY J TRUSTEE 1632 SOUTH LOVES POINT DRIVE LEESBURG FL 34748		CITY-ST-ZIP			
DOCUMENT / NAME	7		STREET ADDRESS.			
STREET ADDRESS CITY-ST-ZIP	ss		CITY-ST-ZIP			
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DOCUMENT #	- 'c		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS					
14. I hereby o	Dertify that the information supplied with on this report is true and accurate and items or rustee empowered to execute this	hat my signature shall have the s	ame legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or		

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED NAME OF SIGNATUR