

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 27 AM 11:36

DOCUMENT # A01000000362

1. Entity Name
SANDRA LUTSKY FLORIDA LIMITED PARTNERSHIP



Principal Place of Business
**% THE POLO CLUB
17250 CORAL COVE WAY
BOCA RATON FL 33498**

Mailing Address
**% THE POLO CLUB
17250 CORAL COVE WAY
BOCA RATON FL 33498**



2. Principal Place of Business		3. Mailing Address		4. FEI Number APPLIED FOR 22-3653731		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
LUTSKY, SANDRA % THE POLO CLUB 17250 CORAL COVE WAY BOCA RATON FL 33498			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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LUTSKY, SANDRA 17250 CORAL COVE WAY BOCA RATON FL 33498	STREET ADDRESS	
		CITY-ST-ZIP	800021642938 07-18-03-01049-004 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	
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		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: *Sandra Lutsky* **7-15-03** **561-994-5315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE CHECK HERE

REINSTATEMENT 2003