


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009745 AT

DOCUMENT # A02000000760	
1. Entity Name LUCOR PARTNERS, LTD.	

FILED

03 JUL 10 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O MARK J. GAINOR 40301 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	Mailing Address C/O MARK J. GAINOR 40301 FISHER ISLAND DRIVE FISHER ISLAND FL 33109
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 52-2064483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.
SIGNATURE <i>Corporation Com</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>

*7/10
LP UBR is
No late fee
due*

FL	Zip Code
both, in the State of Florida. I am familiar with, and accept	
4-30-2003 <small>DATE</small>	

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of G in FLORIDA
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS
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 #	L02000003063
NAME	LUCOR VENTURES, LLC
STREET ADDRESS	40301 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND FL 33109
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE: 4-30-2003	DAYTIME PHONE #: 941-349.9200
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CP2E003 (10/02)

STAPLE CHECK HERE