

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004104 AV

DOCUMENT # A0200000929



FILED

03 MAY -2- PM 6:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



1. Entity Name
LAWRENCE INVESTORS LIMITED PARTNERSHIP

Principal Place of Business
**C/O SDA ENTERPRISES, INC.
777 SOUTH FLAGLER DR., EAST TOWER, 10TH FL
WEST PALM BEACH FL 33401**

Mailing Address
**P.O. BOX 1087
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

37-1435130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

800017876238

05/02/03--01048--018 **150.00

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. **\$5,150,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0-**

11. **MAKE CHECK PAYABLE TO FL. 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 #	L02000015775
NAME	LAWRENCE MANAGEMENT, LLC
STREET ADDRESS	777 SOUTH FLAGLER DR., EAST TOWER, 10TH FL
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Manager: **212-696-6000**
Date: _____ Daytime Phone #

CR2E003 (10/02)