

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013747 AF

DOCUMENT # A03981

1. Entity Name

LGH, LTD.

Principal Place of Business

% BERT SAGER  
6129 S.W. 70TH ST., 2ND FLOOR  
S. MIAMI FL 33243

Mailing Address

% BERT SAGER  
P.O. BOX 43-1495  
S. MIAMI FL 33243-1495

FILED  
01 FEB 26 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1562695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAGER, BERT  
6129 S.W. 70TH ST.  
SOUTH MIAMI FL 33143

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$344,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 533511  
NAME SAGER MANAGEMENT CORP.  
STREET ADDRESS 6129 SW 70 STREET  
CITY-ST-ZIP S. MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 457601  
NAME LARKIN HOSPITAL OPER. CO  
STREET ADDRESS 6129 SW 70 STREET  
CITY-ST-ZIP S. MIAMI FL

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
BERT SAGER

2/22/01 (305) 601-5055  
Date Daytime Phone #

CR2E003 (11/00)