

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 18 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018516 AB

DOCUMENT # **A15375**

1. Entity Name

LH ASSOCIATES, LTD.

Principal Place of Business

**C/O DAVID GOTTLIEB
26 LARCH HILL RD.
LAWRENCE NY 11559**

Mailing Address

**C/O DAVID GOTTLIEB
26 LARCH HILL RD.
LAWRENCE NY 11559**



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

11-2726527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOTTLIEB, DAVID
17605 D ASHBORE LN.
BOCA RATON 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.

DATE

9. Capital Contributions
as Shown on record.

\$3,270,342.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,270,342.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GOTTLIEB, DAVID
26 LARCH HILL ROAD
LAWRENCE NY 11559**

STREET ADDRESS
CITY-ST-ZIP

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-02/27/02-01003-014
****526.25 ****526.25**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/02 516-783-3440
Date Daytime Phone #

CR2E003 (9/01)