

2001 UNIFORM BUSINESS REPORT (UBR)

0002945 AF

DOCUMENT # A31170 1. Entity Name LJS INVESTORS, LTD.			
Principal Place of Business 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD FL 33021		Mailing Address 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD FL 33021	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0243610 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORNFELD, ROBERT M 3850 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. \$2,995,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,995,000.00	
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	CORNFELD, JEFFREY D. 3850 HOLLYWOOD BL, #400 HOLLYWOOD FL		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CORNFELD, SUSANNE B. 3850 HOLLYWOOD BL, #400 HOLLYWOOD FL		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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:		4/12/01 (954) 989-2200	
Jeffrey D. Cornfeld, General Partner		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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