

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001117**
 1. Entity Name
CYCLONE FUND, LIMITED PARTNERSHIP

FILED

01 MAR 21 AM 10:53

Principal Place of Business Mailing Address
6060N INVESTMENTS INC
310 SOUTH DAVE MARSH (#220) **SAME**
TAMPA FL 33609

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

DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-3327254** Applied For Not Applicable
 5. Certificate of Status Desired **X** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1700 SOUTH PINE BLVD
PLANTATION, FL 33324

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 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. **\$500,000,000** 10. Amount of Capital Contributions in FLORIDA to date. **\$5,000,000** 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
 DOCUMENT # **F95000003524**
 NAME **LBN INVESTMENTS INC.**
 STREET ADDRESS **310 SOUTH DAVE MARSH (#220)**
 CITY-ST-ZIP **TAMPA FL 33609**
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13. ADDRESS CHANGES ONLY
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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: **Robert Lanza** PRESIDENT, LBN INVESTMENTS, INC.
 GENERAL PARTNER
 THE CYCLONE FUND, L P
 3/19/01 8134140390
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)