

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A95000001117**

1. Entity Name

CYCLONE FUND, LIMITED PARTNERSHIP

FILED

02 FEB 28 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

Principal Place of Business LBN INVESTMENTS INC		3. Mailing Address CAME	
Suite, Apt. #, etc. 310 S. DALE MABEY (HWW)		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33609	Country	Zip	Country
4. FEI Number 59-3327254		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE BLVD	
City PLANTATION	FL 33324

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.

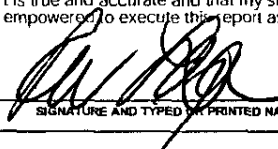
DATE

9. Capital Contributions as Shown on record. \$500,000,000	10. Amount of Capital Contributions in FLORIDA to date. \$500,000	11. MAKE CHECK PAYABLE TO: DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	STREET ADDRESS	
NAME	LBN INVESTMENTS INC.	CITY - ST - ZIP	
STREET ADDRESS	310 S DALE MABEY (HWW)		
CITY - ST - ZIP	TAMPA FL. 33609		
DOCUMENT #		STREET ADDRESS	000005041730
NAME		CITY - ST - ZIP	03/04/02 01106 007
STREET ADDRESS			****535.00 ****535.00
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			DO NOT WRITE
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STREET ADDRESS			
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:  **ROBERT W. LANZA**
PRESIDENT, LBN INVESTMENTS, INC.
GENERAL PARTNER
THE CYCLONE FUND, L P

Date: **2/25/02** Daytime Phone #: **813 414-0390**

STAPLE CHECK HERE

CR2E003B (12/01)