

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001117**

1. Entity Name  
**CYCLONE FUND, LIMITED PARTNERSHIP**



FILED

03 MAR 19 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O LBN INVESTMENTS, INC.  
310 SOUTH DALE MABRY, SUITE 220  
TAMPA FL 33609**

Mailing Address  
**C/O LBN INVESTMENTS, INC.  
310 SOUTH DALE MABRY, SUITE 220  
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-3327254**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$500,000.00**

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>F95000003524</b>	STREET ADDRESS	
NAME	<b>LBN INVESTMENTS, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>310 S. DALE MABRY, SUITE 220</b>		
CITY-ST-ZIP	<b>TAMPA FL 33609</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>000014107478</b>
STREET ADDRESS			<b>03/17/03--01015--035 **535.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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 820, Florida Statutes.

SIGNATURE: **ROBERT W. LANZA**  
**PRESIDENT, LBN INVESTMENTS, INC.**  
**GENERAL PARTNER**

2/11/03 813 414-0390

DATE DAYTIME PHONE #

0013942 AT

CR2E003 (10/02)

SIAPLE CHECK HERE