

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000897**
 1. Entity Name
L4L PARTNERS, LTD.

FILED
 00 AUG 21 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
90 HARBOR WAY **90 HARBOR WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
BAL HARBOR, FL **BAL HARBOR, FL**
 Zip Country Zip Country
33154 **USA** **33154** **USA**

4. FEI Number Applied For
65-0677025 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
M & W AGENTS, INC.
9100 S. DADE LAND BLVD.
SUITE 1707
MIAMI, FL 33156

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.

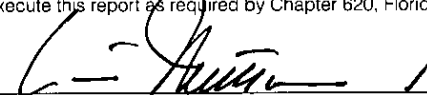
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **4,624** 10. Amount of Capital Contributions in FLORIDA to date: **361,697**
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 #	Lewis Mittman, Trustee	STREET ADDRESS	FF \$526.25
NAME	Lewis Mittman Revocable Trust,	CITY-ST-ZIP	
STREET ADDRESS	90 Harbor Way		
CITY-ST-ZIP	Bal Harbor, FL 33154		
DOCUMENT #	Lillian Mittman, Trustee	STREET ADDRESS	400003365054-6
NAME	Lillian Mittman Revocable Trust	CITY-ST-ZIP	-08/21/00-01006-014
STREET ADDRESS	90 Harbor Way		***2276.25 ***526.25
CITY-ST-ZIP	Bal Harbor, FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:  DATE: **8/22/00** Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)