

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001355

1. Entity Name

LRI OF SOUTH FLORIDA, LTD.

Principal Place of Business

6001 BROKEN SOUND PKWY
SUITE 600
BOCA RATON FL 33487

Mailing Address

6001 BROKEN SOUND PKWY
SUITE 600
BOCA RATON FL 33487-2766

2. Principal Place of Business

5301 N. FEDERAL Hwy
Suite, Apt. #, etc.
Suite 130
City & State
BOCA RATON FL

3. Mailing Address

5301 N. FEDERAL Hwy
Suite, Apt. #, etc.
Suite 130
City & State
BOCA RATON FL

Zip
33487

Country
USA

Zip
33487

Country
USA

6. Name and Address of Current Registered Agent

COBB, THOMAS C ESQ.
SCHARLIN, LANZETTA, COHEN, COBB & EBIN
1399 S.W. 1ST AVENUE
MIAMI FL 33130

4. FEI Number

65-0732135

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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.

\$9,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P96000070576
NAME FINESTRA REAL ESTATE DEVELOPMENT CORP.
STREET ADDRESS 6001 BROKEN SOUND PKWY SUITE 600
CITY - ST - ZIP BOCA RATON FL 33487

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/2002

Date

561 9881199

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



DO NOT WRITE IN THIS SPACE

CR2EC03 (9/99)