

2001 UNIFORM BUSINESS REPORT (UBR)

0008861 AF

DOCUMENT # A96000001355

1. Entity Name

LRI OF SOUTH FLORIDA, LTD.

FILED

01 APR 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5301 N. FEDERAL HWY.
SUITE 130
BOCA RATON FL 33487

Mailing Address

5301 N. FEDERAL HWY.
SUITE 130
BOCA RATON FL 33487

2. Principal Place of Business

1623 ALTON RD

3. Mailing Address

1623 ALTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

FLORIDA

Zip

33129

Country

MIAMI-DADE

Zip

Country

4. FEI Number

65-0732135

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

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

7. Name and Address of New Registered Agent

Name

MICHAEL P. GABLE ESQ.

Street Address (P.O. Box Number is Not Acceptable)

4000 HOLLYWOOD BLVD

SUITE 735 SOUTH TOWER

City

HOLLYWOOD

FL

Zip Code
33021

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

Michael P. Gable

MICHAEL P. GABLE

4/12/2001

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.

9,000,000

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 # P96000070576
NAME FINESTRA REAL ESTATE DEVELOPMENT CORP.
STREET ADDRESS 5301 N. FEDERAL HWY.
CITY-ST-ZIP BOCA RATON FL 33487

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

1623 ALTON ROAD

MIAMI BEACH, FL 33129

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

400004162654-6

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DOCUMENT #
NAME
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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:

Thomas A. Kann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THOMAS A. KANN AS PRESIDENT

Date

Daytime Phone #

4/12/01 305-5321282

CR2E003 (11/00)