

2002 UNIFORM BUSINESS REPORT (UBR)

0001770 AV

DOCUMENT # A96000001355

1. Entity Name
LRI OF SOUTH FLORIDA, LTD.

FILED

02 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1623 ALTON RD
MIAMI BEACH FL 33139

Mailing Address
1623 ALTON RD
MIAMI BEACH FL 33139

2. Principal Place of Business
4901 Tamiami Trail N.
Suite, Apt. #, etc.

3. Mailing Address
4901 Tamiami Trail N.
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Naples, FL

Zip
34103

Country
Collier

4. FEI Number
65-0732135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GABLES, MICHAEL P ESQ.
4000 HOLLYWOOD BLVD
SUITE 735 SOUTH TOWER
HOLLYWOOD FL 33021-6755

7. Name and Address of New Registered Agent
Name: U.S. Investor Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 4901 Tamiami Trail North
City: Naples FL Zip Code: 34103

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 R. Frithaut **DATE** 1-17-02

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	1623 ALTON RD
CITY-ST-ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	4901 Tamiami Trail North
CITY-ST-ZIP	Naples, FL 34103
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 620, Florida Statutes

SIGNATURE: R. Frithaut **DATE** 1-17-02 **Daytime Phone #** 941-213-4000

CR2E003 (9/01)