


2001 UNIFORM BUSINESS REPORT (UBR)

0004213 AF

DOCUMENT # A96000001429

1. Entity Name
LVMOR, LTD.

Principal Place of Business: **1303 N.W. 78 AVE. MIAMI FL 33126**
Mailing Address: **338 MINORCA AVENUE CORAL GABLES FL 33134**

FILED
01 MAR -5 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0692533**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**QUINTANA, J. LUIS ESQ.
338 MINORCA AVENUE
CORAL GABLES FL 33134**

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 _____

9. Capital Contributions as Shown on record. **\$594,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000060050 FERN MANAGEMENT CORP. 1303 N.W. 78 AVE. MIAMI FL 33126
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	800003803178 -- 9 03/05/01 01115 019 ****526.25 ****526.25
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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**
Date: **2/27/01** Daytime Phone #: **(305) 594-1121**

CR2E003 (11/00)