

# 2002 UNIFORM BUSINESS REPORT (UBR)

FORM 9710

**DOCUMENT # A97000000369**

1. Entity Name  
**LUSTGARTEN FINANCIAL LIMITED PARTNERSHIP**

**FILED**  
02 MAR 19 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1850 HOMEWOOD BLVD., #408 DELRAY BEACH FL 33445</b>	Mailing Address <b>1850 HOMEWOOD BLVD., #408 DELRAY BEACH FL 33445</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0737696**

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

6. Name and Address of Current Registered Agent

~~SANDERS, BEVERLY~~  
**360 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000**

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 #	
NAME	<b>LUSTGARTEN, KAREN</b>
STREET ADDRESS	<b>1850 HOMEWOOD BLVD., #408</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
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	<b>400005181094--9</b>
CITY-ST-ZIP	<b>-04/02/02--01008--004 ****141.25 ****141.25</b>
STREET ADDRESS	<b>BK</b>
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: Karen Lustgarten (KAREN LUSTGARTEN) 2/6/02 561/266-9084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)