FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN -7 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
LU FAMILY HOLDINGS, LTD.

1a. DOCUMENT #
A97000001911

Mailing Address
200 E. Las Olas Blvd.
Suite 2050
Fort Lauderdale, FL 33301

Principal Office Address
200 E. Las Olas Blvd.
Suite 2050
Fort Lauderdale, FLORIDA 33301

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

2a. Principal Office Address
Suite, Apt. #, etc
City & State
Zip Country

3. Date Filed For Registered
8/29/97

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contribution as Shown on Record
70,000

5b. Amount of Capital Contributions in FLORIDA to date
70,000

6. FEI Number
65-0839714
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
W. MICHAEL BRINKLEY, ESQ.
200 E. Las Olas Boulevard, #1800
Fort Lauderdale, Florida 33301

10. If Changed, Name of Registered Agent & Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration Document Number
LU MANAGEMENT, INC.	200 E. Las Olas Blvd. Suite 2050	Fort Lauderdale, FL 33301	P97000063378

CHECK NUMBER 095 -01/29/99--01075--018 ****52.25 ****52.25 T.C. JAN 2 6 1999

CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE LU MANAGEMENT, INC. By: DATE 1/4/99

FUMIN LU, President
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 954.524.0601