

2002 UNIFORM BUSINESS REPORT (UBR)

0002473 AV

DOCUMENT # A97000001911

1. Entity Name

LU FAMILY HOLDINGS, LTD.

FILED

02 APR 30 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED



Principal Place of Business
200 E. LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301

Mailing Address
200 E. LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301

2. Principal Place of Business
One Financial Plaza #125
Suite, Apt. #, etc.
Suite 125

3. Mailing Address
One Financial Plaza
Suite, Apt. #, etc.
Suite 125

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33394-0063

Country
USA

Zip
33394-0063

Country
USA

DUE BY MAY 1, 2002

4. FEI Number
65-0839714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRINKLEY, W. MICHAEL ESQ.
200 E. LAS OLAS BLVD., SUITE 1800
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SUITE 1900
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. \$70,000.00

10. Amount of Capital Contributions in FLORIDA to date \$70,000.00

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 # P97000063378
NAME LU MANAGEMENT, INC.
STREET ADDRESS 200 E. LAS OLAS BLVD., SUITE PB #2050
CITY-ST-ZIP FORT LAUDERDALE FL 33301

13. ADDRESS CHANGES ONLY

STREET ADDRESS One Financial Plz, Suite 125
CITY-ST-ZIP Ft. Lauderdale, FL 33394-0063

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		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:

SIGNATURE REQUIRED

4/25/02

954-5240601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)