

2002 UNIFORM BUSINESS REPORT (UBR)

001495 AT

DOCUMENT # A98000000811

1. Entity Name

LPS CAPITAL, LTD.

FILED

02 MAY -2 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1875 E. SUNRISE BLVD., SUITE 722
FT. LAUDERDALE FL 33304

Mailing Address

P.O. BOX 4137
FT. LAUDERDALE FL 33338

2. Principal Place of Business

1115 SE 6TH Street
Suite, Apt. #, etc.

3. Mailing Address

1115 SE 6TH St
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale

4. FEI Number

65-0835532

Applied For

Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKINSON, ANTHONY J III
1115 S.E. 6TH STREET
FORT LAUDERDALE FL 33301

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

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

DATE

9. Capital Contributions
as Shown on record.

179,420

10. Amount of Capital Contributions
in FLORIDA to date.

179,420

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 # P98000029558
NAME LPS CAPITAL, INC.
STREET ADDRESS 1975 E. SUNRISE BLVD., SUITE 722
CITY-ST-ZIP FT. LAUDERDALE FL 33304

DOCUMENT #
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CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1115 SE 6TH St.

CITY-ST-ZIP

Ft. Lauderdale, FL 33301

STREET ADDRESS

500005609805--1

CITY-ST-ZIP

-05/24/02--01032--006
****535.00 ****535.00

STREET ADDRESS

CITY-ST-ZIP

FF \$526.25
DUS 8.75

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:

Anthony J. Parkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/02

Date

954-249-7216

Daytime Phone #

CR2E003 (9/01)