

2002 UNIFORM BUSINESS REPORT (UBR)

0002118 AV

DOCUMENT # A98000002466

1. Entity Name
LNR HARBOR FUND LIMITED PARTNERSHIP NO. IX

FILED

02 APR 29 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**760 N.W. 107TH AVENUE, SUITE 300
MIAMI FL 33172**

Mailing Address
**760 N.W. 107TH AVENUE, SUITE 300
MIAMI FL 33172**

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

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

DUE BY MAY 1, 2002

4. FEI Number **65-0872915**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LNR HARBOR FUND GP IX, INC.
760 N.W. 107TH AVENUE, SUITE 300
MIAMI FL 33172**

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.

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 #	P98000092233
NAME	LNR HARBOR FUND GP IX, INC.
STREET ADDRESS	760 N.W. 107TH AVENUE, SUITE 300
CITY-ST-ZIP	MIAMI FL 33172
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	BK
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	4000005481504--4
CITY-ST-ZIP	-05/07/02--01067--012
	****141.25 ****141.25
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 *By: Arthur J. Lieberman, managing member*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **LNR Harbor Fund GP IX, INC** *4/25/02* **305/485-2000**
Date Daytime Phone #

CR2E003 (9/01)