

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002467**

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



FILED

03 MAY 22 AM 8:00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

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Miami Beach, FL 33139**

DUE BY MAY 1, 2003

4. FEI Number **65-0872920**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LNR HARBOR FUND GP VIII, INC.
760 N.W. 107TH AVENUE, SUITE 300
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

1601 Washington Ave., Suite 800

City **Miami Beach, FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000092260**
NAME **LNR HARBOR FUND GP VIII, INC.**
STREET ADDRESS **760 N.W. 107TH AVENUE, SUITE 300**
CITY-ST-ZIP **MIAMI FL 33172**

STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **800019681738**
05/22/03--01001--026 **141.25

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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

BY: **ARTHUR J. LIEBERMAN, Managing member, for: LNR Harbor Fund GP, VIII, INC**

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03 305/695-5500

Date

Daytime Phone #

0002482 AV

CR2E003 (10/02)