

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR -8 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR/3/02 11

**DOCUMENT # A99000000015**

1. Entity Name  
**LYRICH/COT INVESTORS, LTD.**

Principal Place of Business <b>117 EAST WASHINGTON STREET LEWISBURG WV 24901</b>	Mailing Address <b>C/O CJM PROPERTY SERVICES, INC. P.O. BOX 870 ST. PETERSBURG FL 33731-0870</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY MAY 1, 2002**

4. FEI Number <b>55-0668180</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, BRUCE S  
500 EAST KENNEDY BLVD., SUITE 200-A  
TAMPA FL 33602**

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. <b>\$829,555.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>COHEN, HARVEY M P.O. BOX 1667 LEWISBURG WV 24901</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>GORAN, MARILYN 12 MILLBANK ROAD POUGHKEEPSIE NY 12603</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>COHEN, FREDERICK 14 COURTYARD HANOVER NY 03755</b>
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	<b>100005258651--7</b>
CITY-ST-ZIP	<b>-04/12/02--01103--003</b> <b>*****8.75 *****8.75</b>
STREET ADDRESS	<b>100005258651--7</b>
CITY-ST-ZIP	<b>-04/12/02--01103--002</b> <b>***526.25 ***526.25</b>
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: *Harvey M. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-02 204 645 7356  
Date Daytime Phone #

CR2E003 (9/01)