

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001101 AT

**DOCUMENT # A99000001238**



1. Entity Name  
**LORNA J. HOLDINGS, LTD.**

**FILED**  
03 APR 25 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3101 NORTH FEDERAL HIGHWAY, SUITE 601 FORT LAUDERDALE FL 33306	Mailing Address 3101 NORTH FEDERAL HIGHWAY, SUITE 601 FORT LAUDERDALE FL 33306
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0940084**      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

**AMATURO, JOSEPH C**  
3101 NORTH FEDERAL HIGHWAY, SUITE 601  
FORT LAUDERDALE FL 33306

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. 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.      **\$250,000.00**

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 #  
NAME      **AMATURO, JOSEPH C**  
STREET ADDRESS      **3101 NORTH FEDERAL HIGHWAY, SUITE 601**  
CITY - ST - ZIP      **FORT LAUDERDALE FL 33306**

STREET ADDRESS  
CITY - ST - ZIP  
**400015557354**

DOCUMENT #  
NAME      **Amaturo, Winifred J.**  
STREET ADDRESS      **3101 North Federal Highway #601**  
CITY - ST - ZIP      **Fort Lauderdale FL 33306**

STREET ADDRESS      **04/09/03--01056--028 \*\*526.25**  
CITY - ST - ZIP

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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* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/03

Date      Daytime Phone #

CR2E003 (10/02)