

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # B98000000562**1. Entity Name
LBI CAPITAL PARTNERS, L.P.

Principal Place of Business	Mailing Address
10100 W. SAMPLE ROAD, SUITE 401	10100 W. SAMPLE ROAD, SUITE 401
CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address
2855 N UNIVERSITY DRIVE	2855 N UNIVERSITY DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 320	SUITE 320

City & State	City & State
CORAL SPRINGS FL	CORAL SPRINGS FL

Zip	Country	Zip	Country
33065		33065	

4. FEI Number	Applied For
65-0884994	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLOVITO PAUL FJR.
10100 W. SAMPLE ROAD, SUITE 401

CORAL SPRINGS FL 33065 US**7. Name and Address of New Registered Agent**Name
LOVITO PAUL FJR.
Street Address (P.O. Box Number is Not Acceptable)
2855 N UNIVERSITY DRIVE
SUITE 320
City
CORAL SPRINGS FL Zip Code
33065

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 **PAUL LOVITO****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 100,000,000.0010. Amount of Capital Contributions
in FLORIDA to date. 10,000.00**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 #	
NAME	LBI ASSET MANAGEMENT, LLC
STREET ADDRESS	10100 W. SAMPLE ROAD, SUITE 401
CITY-ST-ZIP	CORAL SPRINGS FL 33065

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

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: PAUL LOVITO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M 04/30/2001

Date

Daytime Phone #

CR2E003 (11/00)