

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B990000000037

1. Entity Name

LTGZ PARTNERS, L.P.

Principal Place of Business

100 CORPORATE PKY. SUITE 426  
AMHERST NY 14226

Mailing Address

P.O. BOX 930  
AMHERST NY 14226-0930

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6020 NORTH BAILEY

3. Mailing Address

Suite, Apt. #, etc.

Suite 2

City & State

Amherst, New York

Zip

14226

Country

USA

Country

4. FEI Number

16-1550303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KESSLER, ANN K  
12727 SW 66TH TER  
MIAMI FL 33183

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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.

\$256,250.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$256,250.00

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 # F99000000354  
NAME LT GROUND ZERO, INC.  
STREET ADDRESS 100 CORPORATE PKY, SUITE 426  
CITY - ST - ZIP AMHERST NY 14226

13. ADDRESS CHANGES ONLY

STREET ADDRESS

6020 NORTH BAILEY, Suite 2

CITY - ST - ZIP

Amherst, New York 14226

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/00 (716) 836-0670