2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002969

1. Entity Name 1 -

LUKAT CAPITAL MANAGEMENT FUND, L.L.C.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90011 030 ****50.00

Principal Pla				•						
i intopari i	ace of Busines	s .	Mailing Address							
11700 TWIN CREEKS DRIVE FORT PIERCE FL 34945		11700 TWIN CREEKS DR FORT PIERCE FL 34945	IVE							
										JING 1811 1881
2. Principal	Place of Busin	ness	3. Mailing Address		* -					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate :		City & State			4. FEI Numi	per 65-10775 5	4	-	oplied For
Zip		Country	Zip	Cour	ntry	5. Certificat	e of Status Desired		\$5.00 Ac	lot Applicabl Iditional
	6. Name	and Address of Curren	t Registered Agent	' - '		7. Name an	d Address of New F	egistered		
				-	Name			3		
HANS LUKAT, THOMAS 11700 TWIN CREEKS DRIVE FORT PIERCE FL 34945					Street Addres	ss (P.O. Box Numb	er is Not Acceptable)		
. го	ni rience i	rl 34943					-···	<u>-</u>		
					City		71	FL	Zip Coo	de
8. The above	e named entity	submits this statement f	or the purpose of changing it	s registere	ed office or regis	tered agent, or bo	oth, in the State of Flo		L. familiar with.	and accept
the obliga	tions of registe	ered agent.								
SIGNATURE										
<u> </u>	signature, typed o	or printed name of registered agen	1 and title if applicable. (NO	TE: Registered	d Agent signature requ	ired when reinstating)		DATE		
					FEE IS \$50.00					
			Make Check Payab			nent of State				
5 mg				ie By Ma	y 1, 2003					
9.	,	MANAGING MEMB		ie By Ma 10.	ay 1, 2003		ADDITIONS/	CHANGES		
TITLE	MGR						ADDITIONS/	CHANGES	☐ Change	Addition
TITLE NAME	MGR HANS LU	KAT, THOMAS	ERS/MANAGERS	10. TITLE	: :		ADDITIONS/	CHANGES	☐ Change	Addition
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e and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #