

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 20, 2001 08:00 AM  
Secretary of State**

**DOCUMENT # L97000000309**

1. Entity Name  
L.W. INVESTMENTS, L.C.

Principal Place of Business C/O TROPICAL HOTEL 2900 BELMAR STREET FT. LAUDERDALE 33304 FL	Mailing Address C/O TROPICAL HOTEL 2900 BELMAR STREET FT. LAUDERDALE 33304 FL
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2. Principal Place of Business C/O COLLINS PARK CONDOMINIUMS Suite, Apt. #, etc. 7824 COLLINS AVENUE MIAMI FL	3. Mailing Address 2545 E. SUNRISE BLVD. Suite, Apt. #, etc. PMB 237 FT. LAUDERDALE FL
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DO NOT WRITE IN THIS SPACE

Zip 33141	Country US	Zip 33304	Country FL
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4. FEI Number <b>65-0738140</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHAERF HELMUTH  
2900 BELMAR STREET  
FT. LAUDERDALE FL  
33304 US

**7. Name and Address of New Registered Agent**

Name  
SCHAERF HELMUTH  
Street Address (P.O. Box Number is Not Acceptable)  
2545 E. SUNRISE BLVD.  
PMB 237  
City  
FT. LAUDERDALE FL Zip Code  
33304

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 SCHAERF HELMUTH DATE 08/20/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WIENINGER LEOPOLD C/O ECOS, 801 BRICKELL AVENUE, SUITE 952 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM L.W. HOLDINGS, L.D.C. P.O. BOX 1111, GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS B.W.I. OC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIENINGER LEOPOLD C/O ECOS, 801 BRICKELL AVENUE, SUITE 952 MIAMI FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM L.W. HOLDINGS, L.D.C. P.O. BOX 1111, GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS B.W.I. OC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:** Leopold Wieninger **MGR** 08/20/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)