2002 UNIFORM BUSINESS REPORT (UBR)

0020654 AB

DOCUMENT # A14197

1. Entity Name
PARK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 16 PM 4:03

Principal Place of Business	Mailing Address
16236 SAN DIEGUITO RD. SUITE A-21 RANCHO SANTA FE CA 92067	~~P.O. BOX 9290~~ ~~RANCHO SANTA FE CA 92067~~

2. Principal Place of Business		3. Mailing Address	
		Post Office Box 8960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Rancho Santa Fe, CA	
Zip	Country	Zip: 92067	Country: USA

DUE BY MAY 1, 2002

4. FEI Number 59-1654669 ☐ 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
REASBECK, REGIS ESQ. 6011 RODMAN STREET HOLLYWOOD FL 33023	Name: ~~Jon A. Hinden, Esq.~~ Street Address (P.O. Box Number is Not Acceptable): Wessberg, Hinden & McLean ~~4430 S.W. 64th Avenue~~ City: Davie FL Zip Code 33314

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] 1/24/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $2,293,500.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	DALE, JAMES M. 16236 SAN DIEGUITO RD, BLDG 1, #21 RANCHO SANTA FE CA	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	CASNER, CLYDE L. 1020 HUNTINGTON DR. SAN MARINO CA	STREET ADDRESS / CITY-ST-ZIP	dele 4/17/02
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	700005293497--6 -04/18/02--01064--014 ****526.25 ****526.25
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (9/01)

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 REQUIRED [signature] 02/12/02 858-759-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #