2001 UNIFORM BUSINESS REPORT (UBR)

001415 AF

DOCUMENT # B94000000247

1. Entity Name

FRENCH PARTNERS, LTD.

FILED
01 MAR 15 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~5192 N. PARKWAY CALABASAS~~	% ICARD-MERRILL
~~CALABASAS CA 91302~~	2033 MAIN ST., #600
	SARASOTA FL 34237

2. Principal Place of Business	3. Mailing Address
24359 LA MASINA CT	24359 LA MASINA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CALABASAS CA 91302	City & State: CALABASAS CA 91302
Zip: 91302 — Country: USA	Zip: 91302 — Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0470877 — 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
PFLUGNER, J.G.	Name
% ICARD-MERRILL	Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street
~~2033 MAIN ST., SUITE 101~~	Suite 600
SARASOTA FL 34237	City — FL — Zip Code

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. $152,000.00	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	SEGAL, RICHARD J	STREET ADDRESS	24359 LA MASINA COURT
STREET ADDRESS	~~8 HIGHGATE DRIVE~~		
CITY-ST-ZIP	~~SAN ANTONIO TX 78257~~	CITY-ST-ZIP	CALABASAS, CA 91302
DOCUMENT #			
NAME		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	900003889449--0 -03/21/01--01011--003 ****526.25 ****526.25
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CITY-ST-ZIP		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: ______________________ 1/31/2001 (818) 222-9172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)