

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020800 MB

DOCUMENT # A02000001149
 1. Entity Name
RANCHO BERNARDO CORPORATE CENTER, LTD.



FILED
 03 APR 29 PM 6:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 11512 EL CAMINO REAL, SUITE 100
 SAN DIEGO CA 92130

Mailing Address
 11512 EL CAMINO REAL, SUITE 100
 SAN DIEGO CA 92130



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **95-3814547** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORPORATION
200 LAURA STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,048,072.13**

11. **MAKE CHECK PAYABLE TO FL. 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 #	F96000004543
NAME	DOUGLAS ALLRED COMPANY
STREET ADDRESS	11512 EL CAMINO REAL, SUITE 100
CITY-ST-ZIP	SAN DIEGO CA 92130
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300017328483
CITY-ST-ZIP	01/29/03 01082-030 #526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **DOUGLAS O. ALLRED** **4/22/03** **858-793-0202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)