

2001 UNIFORM BUSINESS REPORT (UBR)

0019107 AB

DOCUMENT # **A05393**

1. Entity Name

POST STREET PROPERTIES, LTD.

Principal Place of Business

**9777 WILSHIRE BLVD.
SUITE 710
BEVERLY HILLS CA 90212**

Mailing Address

**9777 WILSHIRE BLVD.
SUITE 710
BEVERLY HILLS CA 90212**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, DONNA
% STANLEY R. FIMBERG, INC.
600 SANDTREE DRIVE, SUITE 212
PALM BEACH GARDENS FL 33403**

Name
Donna McDonald
Street Address (P.O. Box Number is Not Acceptable)
c/o Stanley R. Fimberg, Inc.
8895 N. Military Trail, Suite E-201
City **Palm Beach Gardens** **FL** Zip Code **33410**

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 *Donna McDonald*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/01

9. Capital Contributions
as Shown on record.

\$500,000.00

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 **FIMBERG, STANLEY R**
STREET ADDRESS **9777 WILSHIRE BLVD.**
CITY-ST-ZIP **BEVERLY HILLS CA**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/17/01

FILED
01 APR -4 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-1375264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E003 (11/00)