

2001 UNIFORM BUSINESS REPORT (UBR)

0017669 AF

DOCUMENT # A13709

1. Entity Name

BONITA LIMITED PARTNERSHIP

Principal Place of Business

12100 WILSHIRE BLVD
STE 1400
LOS ANGELES CA 90025

Mailing Address

12100 WILSHIRE BLVD
STE 1400
LOS ANGELES CA 90025

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

CONDE, P.
C/O CARIB MANAGEMENT
8405 NW 53RD STREET, SUITE B115
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Douglas H. Reynolds, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4875 North Federal Highway 10th Floor
Southtrust Bank Building
City Fort Lauderdale FL Zip Code 33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for 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.

\$869,301.00

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

DOCUMENT # P04497
NAME WILSHIRE INVESTMENTS COR
STREET ADDRESS 12100 WILSHIRE BLVD
CITY-ST-ZIP LOS ANGELES CA

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

By: Wilshire Investments Corporation, General Partner

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

By: Jay Wall, Vice President

FILED

01 APR 30 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-3792546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E003 (11/00)

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-05/17/01--01017--029
****526.25 ****526.25

4-26-01

(310) 207-0704

Date

Daytime Phone #