

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13711**

1. Entity Name

**SEASTONE LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -9 PM 4: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12100 WILSHIRE BLVD.  
SUITE 1400  
LOS ANGELES CA 90025

Mailing Address

12100 WILSHIRE BLVD.  
SUITE 1400  
LOS ANGELES CA 90025-7107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1493728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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.

**\$910,832.00**

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

STREET ADDRESS

CITY - ST - ZIP

**700003289867-1**  
**-06/15/00--01001--008**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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**3/K 700003289867-1**  
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**\*\*\*376.25 \*\*\*37.25**  
**376.25**

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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:

**Suzanne Magnuson** 4-28-00 (310) 207-0704  
AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Secretary**

Date

Daytime Phone #