

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017571 AF

DOCUMENT # **A13711**

1. Entity Name

**SEASTONE LIMITED PARTNERSHIP**

**FILED**

**01 APR 30 PM 12:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-1493728**

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

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

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 33308**

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

*Doug Reynolds* **4-26-01**

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

(NOT Required 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 CORPORATION**  
STREET ADDRESS **12100 WILSHIRE BLVD.**  
CITY-ST-ZIP **LOS ANGELES CA**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**By: Jay Wall, Vice President**

**4.26.01**

**(310) 207-0704**

Date

Daytime Phone #

CR2E003 (11/00)