2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000429 AT

DOCUMENT # A22903

1. Entity Name
CALIFORNIA CLUB MALL SHOPPING CENTER, LTD.

FILED
03 APR -8 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business	Mailing Address
17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH FL 33160	17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH FL 33160

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

4/8

DUE BY MAY 1, 2003

4. FEI Number 59-2701538 ☐ 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
KATZ, RAANAN 17100 COLLINS AE SUITE 225 SUNNY ISLES BEACH FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) 100015475601 04/08/03--01070--009 **526.25 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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,330,000.00		

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 #	M35096	STREET ADDRESS	
NAME	CALIFORNIA CLUB SHOPPINGCENTER, INC.	CITY-ST-ZIP	
STREET ADDRESS	17100 COLLINS AVE #225		
CITY-ST-ZIP	SUNNY ISLES BCH FL		
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CITY-ST-ZIP			

CR2E003 (10/02)

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 4-2-03 781-320-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #