

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020857 MB

**DOCUMENT # A28862**

1. Entity Name  
**MARSH LANDING INVESTORS, LTD.**

**#6370**



**FILED**

03 MAR 31 AM 10:00

SECRETARY OF STATE /  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4 EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111**

Mailing Address  
**4 EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111**



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

**DUE BY MAY 1, 2003**

4. FEI Number <b>94-3114755</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM INC.**  
**1201 HAYS ST**  
**STE 105**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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. 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. <b>\$15,533,328.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>12,644,479</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P25818 GGC MARSH LANDING INC. 4 EMBARCADERO CNTR, #2200 SAN FRANCISCO CA</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<del>04/01/03--01003--001 #528.25</del>
STREET ADDRESS	<b>400014953874</b>
CITY-ST-ZIP	<b>04/01/03--01003--001 **528.25</b>
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

**SIGNATURE:** *THOMAS C. NORD* **THOMAS C. NORD** **3/26/03** **4159553340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE