

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001563**

1. Entity Name

ARDEN ESTATES-DAVENPORT LIMITED PARTNERSHIP

Principal Place of Business

% JAMES GRIFFIN
1401 E. BROWARD BLVD., #302
FT. LAUDERDALE FL 33301

Mailing Address

MARK PORATH
16133 VENTURA BLVD., STE 1400
ENCINO CA 91436

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, 2002

4. FEI Number

95-4660650

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

GRIFFIN, JAMES
VICTORIA PARK CENTER
1401 E. BROWARD BLVD., STE. 302
FT. LAUDERDALE FL 33301

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.

DATE

9. Capital Contributions as Shown on record.

\$1,696,398.75

10. Amount of Capital Contributions in FLORIDA to date.

\$1,173,317.98

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 # **L97000000771**
NAME **FL MS/HIP GP, L.C.**
STREET ADDRESS **16133 VENTURA BLVD., #1400**
CITY-ST-ZIP **ENCINO CA 91436**

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

SIGNATURE: **SEE SIGNATURE BLOCK REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02

818-385-0005

Date

Daytime Phone #

CR2E003 (9/01)

0018151 AT

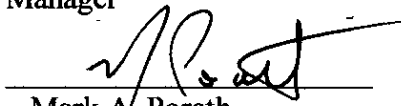
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Form: 2002 UNIFORM BUSINESS REPORT

ARDEN ESTATES-DAVENPORT, LIMITED PARTNERSHIP
A Florida Limited Partnership

By: FL MS/HIIP GP, L.C.
A Florida Limited Liability Company
General Partner

By: Hearthstone
A California Corporation
Manager

By: 
Mark A. Porath
Chief Financial Officer
And Senior Vice President

4/22/02