2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # A99000000641

1. Entity Name

WILTON PARTNERS MALL AT 163RD, LTD.

Principal Place of Business	Mailing Address
11022 SANTA MONICA BLVD.. SUITE 450 LOS ANGELES CA 90025	11022 SANTA MONICA BLVD.. SUITE 450 LOS ANGELES CA 90025-7513

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11111 Santa Monica Blvd.	11111 Santa Monica Blvd.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Los Angeles, CA	City & State: Los Angeles, CA
Zip: 90025 Country: USA	Zip: 90025 Country: USA

4. FEI Number ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00	-0-	

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 #	F99000002035	STREET ADDRESS	11111 Santa Monica Blvd., Suite 500
NAME	WILTON MALL AT 163RD G.P. CORP.	CITY-ST-ZIP	Los Angeles, CA 90025
STREET ADDRESS	11022 SANTA MONICA BLVD., SUITE 450		
CITY-ST-ZIP	LOS ANGELES CA 90025		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700003284007--9
STREET ADDRESS			-067127 00--01005--025
CITY-ST-ZIP			****141.25 ****141.25
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NAME		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: SIGNATURE RECEIVED Jay H. Wilton, President of the General Partner 4/20/00 (310) 444-6377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #