## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** A99000000641 May 02, 2000 8:00 am Secretary of State DOCUMENT # 1. Entity Name WILTON PARTNERS MALL AT 163RD, LTD. Mailing Address Principal Place of Business 11022 SANTA MONICA BLVD.. SUITE 450 11022 SANTA MONICA BLVD., SUITE 450 LOS ANGELES CA 90025-7513 LOS ANGELES CA 90025 LETANASSILL, I COM 3. Mailing Address 2. Principal Place of Business <u>11111 Santa Monica Blvd.</u> <u>11111 Santa Monica Blyd</u> Suite, Apt. #, etc. Suite 500 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 500 Applied For City & State 4. FEI Number City & State Los Angeles, CA Not Applicable Los Angeles, CA Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 90025 90025 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000.00 -0-SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. F99000002035 DOCUMENT # STREET ADDRESS 11111 Santa Monica Blvd., Suite 500 WILTON MALL AT 163RD G.P. CORP. NAME 11022 SANTA MONICA BLVD., SUITE 450 STREET ADDRESS CITY-ST-ZIP Los Angeles, CA 90025 CITY-ST-ZIP LOS ANGELES CA 90025 DOCUMENT # STREET ADDRESS MAKE STREET ADDRESS CITY-ST-ZIP 700003284007--9 -06/12/00--01005--025 CITY-ST-ZIP DOCUMENT # STREET ADDRESS \*\*\*\*141.25 \*\*\*\*141.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS 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 his report as required by Chapter 620, Florida Statutes

Jay H. Wilton, President

4/20/00

(310) 444-6377

URE REOffthe General Partner

SIGNATURE:

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