

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002218

1. Entity Name

PRINCE PHILIP CHARLES LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2. Principal Place of Business

9750 Miramar Road

Suite, Apt. #, etc.  
Suite 300

City & State  
San Diego, CA

Zip  
92126

Country

San Diego

3. Mailing Address

9750 Miramar Road

Suite, Apt. #, etc.  
Suite 300

City & State  
San Diego, CA

Zip  
92126

Country

San Diego

4. FEI Number

91-2018084

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C. T. Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$455.00

\$455.00

10. Amount of Capital Contributions in FLORIDA to date. \$455.00

\$455.00

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

DOCUMENT # Philip R. Palumbo, Trustee  
NAME 9750 Miramar Road, Suite 300  
STREET ADDRESS San Diego, CA 92126  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000003256920--4
CITY - ST - ZIP	05/18/00 01025-006
	****141.25 ****141.25

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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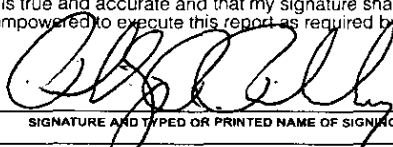
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



4-24-00

CR25003 (9/99)