DOCUMENT # A9900002218  1. Entity Name					· ·			
PRINCE PHILIP CHARLES LIMITED PARTNERSHIP						FILED		
Principal Place of Business  9750 MIRAMAR ROAD  SUITE 300  SAN DIEGO CA 92126		Mailing Address 9750 MIRAMAR ROAD SUITE 300 SAN DIEGO CA 92126	9750 MIRAMAR ROAD SUITE 300		(	O1 APR 30 PM 12: 22  SECRETARY OF STATE TALLAHASSEE FLORIDA		
2. Principal Place of Business		3. Mailing Address		·		T TERRETI TELEFOLIO TOTAL ERINT ORDIA ERIN		
Suite, Apt. #. etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State				4. FEI Number 91-2018084 Applied For Not Applicate	ole	
Zip	Country	Zip	Country			5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				Name		7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
				City	· <u></u>	FL Zip Code		
8. The above	named entity submits this statemen	nt for the purpose of changing its	gister	ed office or	registere	ed agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	Registere	d Agent signatu	re required	when reinstating) DATE		
9. Capital Contributions as Shown on record. \$455.00 10. Amount of Capital in FLORIDA to de				butions	\$45	11. MAKE CHECK PAYABLE TO DEPT. OF STATE.  SEE REVERSE SIDE FOR FEE INFORMATION		
<u>.</u>					REGIST	ERED AND ACTIVE WITH THIS OFFICE.  I must be filed to change a general partner.	7	
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY				
	PALUMBO, PHILIP R TRUSTEE 9750 MIRAMAR ROAD		ł	EET ADORESS - St - Zip			7, 60	
CITY-ST-ZIP DOCUMENT #	SAN DIEGO CA 92126		<b>-</b>	ET ADDRESS	· <b>-</b> .	100004017001 0	- 6	
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	<del></del> -	1000042178318 -05/15/0101102012 ****141.25 ****141.25	-	
DOCUMENT #			STRE	ET ADDRESS	<u>.</u>	**************************************	-	
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT / NAME			STRE	ET ADDRESS				
STREE ADDRESS				-ST-ZIP				
Indicated	ertify that the information supplied won this report is true and accurate a err or trustee empowered to execute	nd that my signature shall have in	e same	legal effec	t as if ma	tion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership	or \	

1-22-01

Date

(858) 408-8800

Daytime Phone #