2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT#	A99000)00221	ı8

1. Entity Name PRINCE PHILIP CHARLES LIMITED PARTNERSHIP



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Principal Place of Business 9750 MIRAMAR ROAD 9750 MIRAMAR ROAD SUITE 300 SUITE 300 SAN DIEGO CA 92126 SAN DIEGO CA 92126				SECRETARY OF STATE TALLAHASSEE FLORIDA		
2 Principal 6	Place of Rusiness	2 Mailing Address	 -			
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.		-		DUE BY MAY 1, 2003		
City & Stat	ate City & State			4. FEI Number 91-2018084 Applied For Not Applicable		
Zip	Country	Zip Country		itry .	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T COR	C T CORPORATION SYSTEM			Name		
ſ	JTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)		
1	ON FL 33324					
	,					
				City	FL Zip Code	
		or the purpose of changing	its registere	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	ions of registered agent.				·	
SIGNATURE -	Signature, typed or printed name of registered agent	and title if annicable			DATE	
9. Capital Contributions \$455.00 10. Amount of Capital Contributions			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE			
as Shown on record. in FLORIDA to date.				SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER 1	THAT IS A BUSINESS E	ENTITY M	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION 13.			ADDRESS CHANGES ONLY			
DOCUMENT #			¢1BE	ET ADDRESS		
NAME	PALUMBU, PHILIP R TRUSTEE		Sinc			
STREET ADDRESS CITY-ST-ZIP	244 2700 24 22/22		CITY	-ST-ZIP		
DOCUMENT /			-			
NAME			STRE	ET ADDRESS	200018293062	
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DOCUMENT #	<u> </u>					
NAME			STREE	ET ADDRESS	•	
STREET ADDRESS			I			

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

4-12-03

760-578-8888

Daytime Phone #

CR2E003 (10/02)