

2001 UNIFORM BUSINESS REPORT (UBR)

001819 AF

DOCUMENT # B00000000292

1. Entity Name

FSI, LTD., A CALIFORNIA LIMITED PARTNERSHIP

FILED

WLS/10

01 APR 27 PM 12:03

Principal Place of Business

500 EAST BROWARD BLVD., SUITE 1950
FORT LAUDERDALE FL 33394

Mailing Address

500 EAST BROWARD BLVD., SUITE 1950
FORT LAUDERDALE FL 33394

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3800 VIA PESCADOR

3. Mailing Address

P.O. BOX 1305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAMARILLO CA

City & State

CAMARILLO CA

4. FEI Number

95-3711131

Applied For

Not Applicable

Zip

93012

Country

U.S.A.

Zip

93011

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J ESQ.
500 EAST BROWARD BLVD., SUITE 1950
FORT LAUDERDALE FL 33394

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$195,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
E.B.K. ENTERPRISES, INC.
3800 VIA PESCADOR
CAMARILLO CA 93011

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

900004315829--5

STREET ADDRESS

CITY-ST-ZIP

-05/24/01--01087--031

***1352.50 ***526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

RICHARD KANNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/01

Date

805-389-1141

Daytime Phone #

CR2E003 (11/00)