

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000102

1. Entity Name

COLONY DEVELOPMENT LENDERS LIMITED
PARTNERSHIP

Principal Place of Business

Mailing Address

1999 Avenue of the Stars
Suite 1200
Los Angeles, CA 90067

FILED

00 MAR 27 PM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Los Angeles, CA

3. Mailing Address

1200 Avenue of the Stars

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1200

City & State

City & State

Los Angeles, CA

4. FEI Number

95-4567552

Applied For

Not Applicable

Zip

Country

Zip

Country

90067

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

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.

\$18,300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$18,300,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 96-000001277
NAME CSD Genpar, Inc.
STREET ADDRESS 1999 Avenue of the Stars
CITY-ST-ZIP Los Angeles, CA 90067

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: By: Mark M. Hedstrom, V.P. 3-13-00 310-282-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)