

# 2002 UNIFORM BUSINESS REPORT (UBR)

0021384 SP

DOCUMENT # B96000000102

1. Entity Name

COLONY DEVELOPMENT LENDERS LIMITED PARTNERSHIP

FILED

02 MAR 21 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1999 AVENUE OF THE STARS  
STE 1200  
LOS ANGELES CA 90067

Mailing Address

1200 AVENUE OF THE STARS, SUITE 1200  
LOS ANGELES CA 90067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

95-4567552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

DATE

9. Capital Contributions  
as Shown on record.

\$18,300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$18,300,000

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 # F96000001277  
NAME CSD GENPAR, INC.  
STREET ADDRESS 1999 AVE. OF THE STARS, #1200  
CITY-ST-ZIP LOS ANGELES CA 90067

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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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

By: CSD Genpar, Inc., general partner

SIGNATURE:

Mark M. Hedstrom, V.P.

3/13/02

310-282-8820

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE