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03 MAR 20 PM 1:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP 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 STE 1200 LOS ANGELES, CA 90067	1200 AVENUE OF TH STARS, SUITE 1200 LOS ANGELES, CA 90067

3/20

MJH

2. Principal Place of Business	3. Mailing Address
1999 Avenue of the Stars	1999 Avenue of the Stars
Suite, Apt. #, etc.: Ste 1200	Suite, Apt. #, etc.: Ste 1200
City & State: Los Angeles CA	City & State: Los Angeles CA
Zip: 90067 Country: USA	Zip: 90067 Country: USA

DOES NOT MATCH 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions In FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$18,300,000.00		

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	STREET ADDRESS	
NAME	CSD GENPAR, INC.	CITY-ST-ZIP	
STREET ADDRESS	1999 AVE. OF THE STARS, #1200		
CITY-ST-ZIP	LOS ANGELES, CA 90067		
DOCUMENT #		STREET ADDRESS	700013099737
NAME		CITY-ST-ZIP	03/20/03--01060--002 **88.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700013099737
NAME		CITY-ST-ZIP	02/26/03--01010--007 **437.50
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: By: _____ 2-18-03 310-282-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Mark M. Hedstrom, V.P. Date Daytime Phone #