

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000098

1. Entity Name

ROYAL RIVER PARTNERS, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 28 PM 1:25

Principal Place of Business

11100 SANTA MONICA BLVD., SUITE 500  
LOS ANGELES CA 90025

Mailing Address

11100 SANTA MONICA BLVD., SUITE 500  
LOS ANGELES CA 90025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3936177

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$21,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$10,433,779.92

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 # F97000000098  
NAME ROYAL FALLS CORP.  
STREET ADDRESS 11100 SANTA MONICA BLVD., SUITE 500  
CITY-ST-ZIP LOS ANGELES CA 90025

STREET ADDRESS

CITY-ST-ZIP

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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 Linda K. Ensbury  
Linda K. Ensbury, General Partner  
Linda K. Ensbury, Vice President

Date

Daytime Phone #

310-966-2000

CR2E003 (5/00)