

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000098**

1. Entity Name

ROYAL RIVER PARTNERS, L.P.

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

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

13-3936177

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

\$14,618,477

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 # **F97000000898**
NAME **ROYAL FALLS CORP.**
STREET ADDRESS **11100 SANTA MONICA BLVD., SUITE 500**
CITY-ST-ZIP **LOS ANGELES CA 90025**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Royal Falls Corp., General Partner

SIGNATURE:

By: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark V. Freshburn, Vice President

Date

Daytime Phone #

310-9166-2000

0003443 AB

CR2E003 (5/01)

STAPLE CHECK HERE



FILED

01 SEP 25 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA