

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000178**

1. Entity Name

POAF Development Partners, LP

DO NOT WRITE IN THIS SPACE

FILED
02 JUL -1 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

701 Western Ave

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

2nd Flr

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Glendale, CA

City & State

4. FEI Number

95-462 7052

Applied For

Not Applicable

Zip

91201

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Ave

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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.

100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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

DOCUMENT # *F97 000001958*
NAME *POAF Development, Inc.*
STREET ADDRESS *701 Western Ave*
CITY-ST-ZIP *Glendale, CA 91201*

STREET ADDRESS

600006224926--7

CITY-ST-ZIP

-07/05/02--01056--026

******142.94 ****142.94**

DOCUMENT #
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CITY-ST-ZIP

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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:

M. Roberts *Michelle Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAY 02 2002

(818) 244-8080

Date:

Daytime Phone: