

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000528

1. Entity Name  
EAST SHOALS LIMITED PARTNERSHIP

FILED

01 NOV 14 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
11766 WILSHIRE BLVD  
SUITE 1450  
LOS ANGELES CA 90025

Mailing Address  
11766 WILSHIRE BLVD  
SUITE 1450  
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 95-4654125

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

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.

\$990.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000005249  
NAME 7950 SHOALS, INC.  
STREET ADDRESS 11766 WILSHIRE BLVD, SUITE 1270  
CITY-ST-ZIP LOS ANGELES CA 90025

STREET ADDRESS

CITY-ST-ZIP

468884714144-1  
-12/07/01--01036--010  
\*\*\*\*650.00 \*\*\*\*650.00

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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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/24/01

3076883244

0003441 AB

(10/15) CR2E003

STAPLE CHECK HERE