

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000529
B97000000529

Principal Place of Business Mailing Address
 11766 WILSHIRE BLVD., SUITE 1450 11766 WILSHIRE BLVD., SUITE 1450
 LOS ANGELES CA 90025 LOS ANGELES CA 90025

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

FILED
 01 NOV 14 PM 5:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001

4. FEI Number NOT APPLICABLE Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PARACORP INCORPORATED
 236 EAST 6TH AVENUE
 TALLAHASSEE FL 32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$1,100,000.00
 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 # B97000000528
 NAME EAGLE SHOALS, LIMITED PARTNERSHIP
 STREET ADDRESS 11766 WILSHIRE BLVD., SUITE 1270
 CITY-ST-ZIP LOS ANGELES CA 90025
 (Additional rows for other partners follow similar format)

13. ADDRESS CHANGES ONLY
 STREET ADDRESS
 CITY-ST-ZIP 500004714145--7
 -12/07/01-01036-011
 ***1035.00 ***1035.00
 (Additional rows for address changes follow similar format)

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)

0003436 AB

CR2E003 (5/01)

STAPLE CHECK HERE