

APPLICATION FOR REINSTATEMENT OR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED OCT 23 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE	
DOCUMENT # B98000000409 1. Name of Limited Partnership Arizona Pacific LP					
2. Mailing Address 725 Arizona Ave Ste 400 Santa Monica, CA 90401 US		3. Principal Office Address Same		4. Date Formed or Registered To Do Business in Florida 6/22/98	
		5. FEI Number 95-4512575		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8a. Capital Contributions as Shown on Record 750		FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$42.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8b. Amount of Capital Contributions in FLORIDA to date 0				7. State or Country of Formation Delaware	
9. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> CT Corporation System 1200 South Pine Island Rd Plantation, FL 33324 </div>			10. If changed, new registered agent/office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s) Coast Asset Management		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 725 Arizona Ave #400		City, State and Zip Code Santa Monica, CA 90401	
				11a. Registration Document Number F98000003523	
				<div style="text-align: right;"> *****41.25 *****41.25 -08/09/98 -01092-0002 *****41.25 *****41.25 REC OK </div>	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE Christopher Pettit		Typed or Printed Name of General Partner Signing Form Christopher Pettit, EVP/COO Coast Asset Management		DATE 5/18/99 Telephone Number 310 576 3530	

CR2E039 (12/98)