

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000409

1. Entity Name

ARIZONA PACIFIC LP

Principal Place of Business

725 ARIZONA AVENUE, SUITE 400  
SANTA MONICA CA 90401

Mailing Address

725 ARIZONA AVENUE, SUITE 400  
SANTA MONICA CA 90401-1723

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

95-4512575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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.

\$750.00

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 #  
NAME COAST ASSET MANAGEMENT CORPORATION  
STREET ADDRESS 725 ARIZONA AVENUE, SUITE 400  
CITY - ST - ZIP SANTA MONICA CA 90401

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13. ADDRESS CHANGES ONLY

STREET ADDRESS CORRECT NAME IS  
CITY - ST - ZIP COAST ASSET MANAGEMENT, L.P.

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS 4000003286954--3  
CITY - ST - ZIP -06/13/00--01045--024  
\*\*\*\*141.25 \*\*\*\*141.25

STREET ADDRESS  
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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:

*Clayton Little* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/00 (310) 576-3500  
Date Daytime Phone #

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/93)