## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Name	MENT # B980	00000	409				
ARIZON	A PACIFIC LP					FIL	
Principal Plac	ee of Business	Mailing Ad	dress			00 MAY -4	PM 4: 20
725 ARIZONA AVENUE. SUITE 400 725 ARIZONA AVENUE. SUIT SANTA MONICA CA 90401 SANTA MONICA CA 90401-1			ona avenue. Suite 40	00	SEGRETARY OF STATE. TALEAHASSEE, FLORIDA		
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2. Principal P	Place of Business	3. Mailing A	Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			ot. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Stat	e	City & St	City & State		4. FEI Number		
Zip Country		Zip	Zip Country		5. Certificate of S	95-4512575 Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Curre	nt Registered Ad	gent	Υ		dress of New Registerer	Fee Required d Agent
<u></u>	Tay to an experience of the second			. Name		- '× · ->	)
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							
, =				City		F	Zip Code
8. The above	named entity submits this statement	t for the purpose	of changing its registe	ered office or reg	gistered agent, or both, i	n the State of Florida.	1
SIGNATURE .		and side of the si	(NOTE Pagisto	and A most signature or	equired when reinstating)	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg.  9. Capital Contributions  • 750 00  10. Amount of Capital Contributions				red Agent signature re	equired when reinstaning/	- SPATE	
9. Capital Co	ntributions each no			ributions		11. MAKE CHECK PAYAB	
9. Capital Co as Shown	on record. \$/30.00 A GENERAL PARTNER	n   in	FLORIDA to date.	MUST BE RE	GISTERED AND ACT	SEE REVERSE SIDE (	FOR FEE INFORMATION CE.
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