

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000409**

1. Entity Name  
**ARIZONA PACIFIC LP**



**FILED**

**03 APR 29 AM 8:33**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MM**

Principal Place of Business  
**725 ARIZONA AVENUE, SUITE 400  
SANTA MONICA CA 90401**

Mailing Address  
**725 ARIZONA AVENUE, SUITE 400  
SANTA MONICA CA 90401**



2. Principal Place of Business  
**2450 COLORADO AVE.**

3. Mailing Address  
**2450 COLORADO AVE.**

Suite, Apt. #, etc.  
**SUITE #100 EAST**

Suite, Apt. #, etc.  
**SUITE #100 EAST**

**DUE BY MAY 1, 2003**

City & State  
**SANTA MONICA, CA**

City & State  
**SANTA MONICA, CA**

4. FEI Number **95-4512575**

Applied For  
Not Applicable

Zip  
**90404**

Country

Zip  
**90404**

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$750.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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  
STREET ADDRESS  
CITY-ST-ZIP  
**COAST ASSET MANAGEMENT CORPORATION  
725 ARIZONA AVENUE, SUITE 400  
SANTA MONICA CA 90401**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
**100017312141  
04/29/03--01064--004 \*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

**SCOTT PETITT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**CHRISTOPHER PETITT**

**4/23/03**

**(310) 576-3500**

Date

Daytime Phone #

CR2E003 (10/02)

0019420 AB