

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000591

1. Entity Name
LAKE POWELL LIMITED PARTNERSHIP



FILED
03 JUL 17 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1 SUNAMERICA CENTER, CENTURY CITY
LOS ANGELES CA 90067

Mailing Address
1 SUNAMERICA CENTER, CENTURY CITY
LOS ANGELES CA 90067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 72-1428464

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Scot Ferraro, Asst. Secy

7/16/03
DATE

9. Capital Contributions
as Shown on record: \$33.33

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000005394
NAME DIL/SAHP CORP.
STREET ADDRESS 1 SUNAMERICA CENTER, CENTURY CITY
CITY-ST-ZIP LOS ANGELES CA 90067-6022

STREET ADDRESS

CITY-ST-ZIP

BK

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100021790661
07/25/03--01067--009 **\$50.00

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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.

Michael L. Fowler
President

SIGNATURE:

SIGNATURE REQUIRED

July 8, 2003 (310) 772-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0021514 FP

STAPLE CHECK HERE