

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B990000000129

1. Entity Name

L. J. MELODY MORTGAGE COMPANY L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:57



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5847 SAN FELIPE, SUITE 4400
HOUSTON TX 77057

Mailing Address

5847 SAN FELIPE, SUITE 4400
HOUSTON TX 77057-3011

2. Principal Place of Business

3. Mailing Address

333 S. Beaudry Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th Floor

City & State

City & State

Los Angeles, CA

4. FEI Number

74-2900986

Applied For

Not Applicable

Zip

Country

Zip

90017

Country

USA

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.

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.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000000393
NAME CBRE/LJM MORTGAGE COMPANY, LLC
STREET ADDRESS 533 SOUTH FREMONT AVENUE
CITY - ST - ZIP LOS ANGELES CA 90071

STREET ADDRESS 333 S. Beaudry Avenue, 9th floor
CITY - ST - ZIP Los Angeles, CA 90017

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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 in 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, trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Walter V. Stafford 3/13/00

Date

Daytime Phone #