

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F94000002917

1. Entity Name  
CANPARTNERS REALTY INC.



Principal Place of Business  
9665 WILSHIRE BLVD.  
SUITE 200  
BEVERLY HILLS, CA 90212

Mailing Address  
9665 WILSHIRE BLVD.  
SUITE 200  
BEVERLY HILLS, CA 90212



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-4484332

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WARD, DOUGLAS  
1301 GULF LIFE DR.  
SUITE 1500  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000902507

04/30/08-80008-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P EVENSEN, R. CHRISTIAN B 9665 WILSHIRE BLVD. BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S FRIEDMAN, JOSHUA S 9665 WILSHIRE BLVD. BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JULIS, MITCHELL R 9665 WILSHIRE BLVD. BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other: I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*K. Robert Turner*

4/3/08 310-247-2700

Date

Daytime Phone #