2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700005279

1. Entity Name CASTLE CREEK PROPERTIES, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90406 004 ***150.00

100 WILSHIF	ice of Business RE BLVD 8TH FLOOR NICA CA 90401	Mailing Address 100 WILSHIRE BLVD 8TH FLOOR SANTA MONICA CA 90401			18	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 95-4161675	Applied For Not Applicable	
Zip Country Zip		Zip	Country		8.75 Additional se Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent		
			Name ,			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
	TION FL 33324					
, 6					·———	
	·.			City FL Zip Code		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ROSENTHAL, MARK A 100 WILSHIRE BLVD., 8TH FLOO SANTA MONICA CA 90401	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSENTHAL, GEORGE I 100 WILSHIRE BLVD., 8TH FLOO SANTA MONICA CA 90401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO CHEN, STANLEY 1423 GREENFIELD AVENUE ARCADIA CA 91006	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	[Change Addition	

12. 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 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 like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED AS IS SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

<u>·/_`</u>

Daytime Phone #

Change

Change

☐ Addition

Addition