

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY -4 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017063 AF

DOCUMENT # M98000000653

1. Entity Name
DES CAPITAL L.L.C.

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

Mailing Address
725 ARIZONA AVENUE, SUITE 400
SANTA MONICA CA 90401-1723

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 95-4646737 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS COAST ASSET MANAGEMENT CORPORATION
CITY- ST- ZIP 725 ARIZONA AVENUE, SUITE 400
SANTA MONICA CA 90401

TITLE NAME Coast Asset management LP
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Cheryl Pitt* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/13/00 (310) 576-8500
Date Daytime Phone #

(11/16) (803) 241