CR2 En03 (9/99)

2000	UNIFORM	BUSINESS	REPORT	(UBR

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A23993 1. Entity Name)	Al	PROVED			
						AND FILED				
VAUGHAN-HITSMAN LIMITED PARTNERSHIP II						00 APR 11 PM 12: 22				
Principal Place of Business Mailing Address 6099 RIVERSIDE DRIVE. SUITE 200 6099 RIVERSIDE DRIVE. SUI DUBLIN OH 43017 DUBLIN OH 43017-2004 -				00	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address				<u></u> .						
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State	•		,	4. FEI Number	31-1193320		_ 	olied For Applicable
Zip	Country	Zip	Cou	ntry § (f Status Desired		8.75 Addit	tional
	6. Name and Address of Current	Registered Agent				7. Name and A	Address of New Registered	gA t	ent	
				Name		. ,	-			
VAUGHAN, DOROTHY A. 1425 GULF OF MEXICO DRIVE				Street Add	Street Address (P.O. Box Number is Not Acceptable)					
D102 LONGBOAT KEY FL 33548				City	FL Zip Code					
SIGNATURE . 9. Capital Co			TE: Register	ed Agent signature			11. MAKE CHECK PAYAB SEE REVERSE SIDE I	LE T		
as Snown	A GENERAL PARTNER NOTE: General Partners M			MUST, BE RE	EGIST dment	ERED AND AC				
12. 3. 7. 4		R INFORMATION	. 13		174	Marie Marie Marie	- ADDRESS CHANGES O	NLY	1.14.18	
DOCUMENT# NAME	VAUGHAN, ROGER A.			REET ADDRESS						
STREET ADORESS CITY+ST-ZIP	6028 DUBLIN ROAD DUBLIN OH		СП	Y+ST-ZIP						
DOCUMENT# NAME HITSMAN, MICHAEL R.			sn	REET ADDRESS		4	0000322 -04/26/00- ******70.6	5 -0	164 1073(003
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DOCUMENT# NAME	VAUGHAN, ROGER A., JR.		· sn	REET ADDRESS	٠		4		- اجسره	. ~-
STREET ADDRESS 5598 PRESTON MILL WAY DUBLIN OH			СП	Y-ST-ZIP			-04/26/00 -04/26/00	-01	.8790	104
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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 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

CITY-ST-ZIP

CITY-ST-ZIP

MANUSCHES MUSTINES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date