FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30980

1. Entity Name
BOUTIN FAMILY LTD. II

Principal Place of Business	Mailing Address
8750 GLADIOLUS DRIVE, SUITE 102 FORT MYERS, FL 33908-4143	8750 GLADIOLUS DRIVE, SUITE 102 FORT MYERS, FL 33908-4143

4/29

2. Principal Place of Business: 15880 Summerlin RD 300	3. Mailing Address: 15880 Summerlin RD 300
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: Fort Myers Florida	City & State: Fort Myers Florida
Zip: 33908 Country: LEE	Zip: 33908 Country: LEE

DUE BY MAY 1, 2003

4. FEI Number 65-0233708 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BOUTIN, URBAN
15880 SUMMERLIN RD., STE 300/102
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **$2.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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 #	647408	STREET ADDRESS	
NAME	GULF EASTERN CORPORATION		
STREET ADDRESS	15880 SUMMERLIN RD., #300/102	CITY-ST-ZIP	
CITY-ST-ZIP	FORT MYERS, FL 33908		
DOCUMENT #		STREET ADDRESS	
NAME			
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STAPLE CHECK HERE

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

SIGNATURE: Urban Boutin — 4-24-03 — 239-415-5346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #