2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400000918 1. Entity Name				FILED
NOBLE PROPERTIES II, LTD.				00 575 10
				00 FEB 10 AM 10: 16
Principal Place of Business Mailing Address				SECRETARY OF STATE
5821-C LAKE WORTH ROAD 5821-C LAKE WORTH ROAD				SECRETARY OF STATE TALLAHASSEE, FLORIDA
GREENACRES FL 33463-3209 GREENACRES FL 33463-3209				
2. Principal Place of Business 3. Mailing Address				1 1851011 1810 (0111 01411 2814) 8841 8811 8811 8811 8811 1884 1811 1884 1811
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State City & State			4. FEI Number 65-0516595 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
Name Alexandra C. Cook C.P.A.				
				(P.O. Box Number is Not Acceptable)
5821-C LAKE WORTH HUAD				Alabla Pour L'ac
GREENACRES FL 33463-3209			City	Noble Properties FI 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 Alexandra C. Cook C.P.A. 128/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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#	P92000013479		STREET ADDRESS	·
NAME	NOBLE MANAGEMENT COMPANY 5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209		SINEE AUDILESS	
STREET ADDRESS CITY-ST-ZEP			CITY-ST-ZIP	4000031481548
DOCUMENT#	, , , , , , , , , , , , , , , , , , ,		STREET ADDRESS	
NAME STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT# NAME			STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP			CTTY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS			CITY - ST - ZIP	
CITY-ST-ZIP	San Compart Survey St.			
DOCUMENT# NAME	ACCUMENT FOR THE STATE OF THE S			
STREET ADDRESS			CITY-ST-ZIP	
CITY-ST-ZIP	,			
DOCUMENT# NAME			STREET ADDRESS	
STREET ADORESS CITY - ST - ZIP			CITY-ST-ZIP	
14 I boroby o	certify that the information supplied with t	his filing does not qualify for the	he 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				

1/28/50 . (36/466-0015 te Daytime Phone #