2001 UNIFORM BUSINESS REPORT (UBR)

000838 AF

DOCUMENT # A94000000918

1. Entity Name

NOBLE PROPERTIES II, LTD.

FILED
01 APR 26 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209	5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209

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 65-0516595 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, ALEXANDRA C CPA % NOBLE PROPERTIES 5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209	Name / Street Address / City / Zip Code Peter S. Sidel 5821 Lake Worth Road Greenacres, FL 33463

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] 4/24/01
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. $30.00	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 #	P00000084076	STREET ADDRESS	
NAME	NOBLE PROPERTIES INC.		
STREET ADDRESS	5821-C LAKE WORTH ROAD	CITY-ST-ZIP	000004081290--1
CITY-ST-ZIP	GREENACRES FL 33463-3209		
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CR2E003 (11/00)

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: [signature] VP 4/24/01 561 966 0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #