

2001 UNIFORM BUSINESS REPORT (UBR)

0002576 AF

DOCUMENT # A96000000977

1. Entity Name
SER PALMS AT LIVINGSTON II, LTD.

FILED
01 MAY -1 PM 5: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

% AFFIRMATIVE MANAGEMENT, INC. **% AFFIRMATIVE MANAGEMENT, INC.**
5850 T.G. LEE BLVD., SUITE 345 **5850 T.G. LEE BLVD., SUITE 345**
ORLANDO FL 32822 **ORLANDO FL 32822**

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 **59-3392249** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

JH

6. Name and Address of Current Registered Agent

JUBELT, PAUL C
% AFFIRMATIVE MANAGEMENT, INC.
5850 T.G. LEE BLVD., SUITE 345
ORLANDO FL 32822

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.

SIGNATURE *Paul C. Jubelt* *Paul C. Jubelt* *1/12/01*
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE

9. Capital Contributions as Shown on record. **\$200.00** 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

DOCUMENT #	F96000002485
NAME	SOUTHEAST RESIDENTIAL CORP.
STREET ADDRESS	120 WOOSTER STREET
CITY-ST-ZIP	NEW YORK NY 10012
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004274480--5
CITY-ST-ZIP	-05/21/01--01161--007
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Paul C. Jubelt* **SIGNATURE REQUIRED** *1/25/01* *212-925-9600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #