

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000000984**

1. Entity Name  
**SER ROLLINGWOOD II, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 APR 17 PM 6:19**

Principal Place of Business <b>% AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822</b>	Mailing Address <b>% AFFIRMATIVE MANAGEMENT, INC. 5850 T.G. LEE BLVD., SUITE 345 ORLANDO FL 32822-4412</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3392259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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
State <b>FL</b> 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* *[Signature]* *3/28/00*  
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. <b>\$200.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>F96000002485</b>
NAME	<b>SOUTHEAST RESIDENTIAL CORP.</b>
STREET ADDRESS	<b>120 WOOSTER STREET</b>
CITY - ST - ZIP	<b>NEW YORK NY 10012</b>
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	<b>200003229112--0</b>
CITY - ST - ZIP	<b>-04/28/00--01081--018</b>
	<b>****141.25 ****141.25</b>
STREET ADDRESS	<i>hxc 4/25</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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]* **SIGNATURE REQUIRED** *3/30/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR05003 (0/00)