


2001 UNIFORM BUSINESS REPORT (UBR)

0006982 AF

DOCUMENT # A97000000681
1. Entity Name
 FLORIDA WETLANDS II, LTD.

FILED
 01 APR 19 PM 12:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
~~805 E. BROWARD BLVD., STE. 201~~ ~~805 E. BROWARD BLVD., STE. 201~~
~~FT. LAUDERDALE FL 33301~~ ~~FT. LAUDERDALE FL 33301~~

2. Principal Place of Business **3. Mailing Address**
 3215 N.W. 10 TERRACE 3215 N.W. 10 TERRACE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 209 SUITE 209

City & State **City & State**
 FT. LAUDERDALE FL FT. LAUDERDALE FL
Zip **Country** **Zip** **Country**
 33309 BROWARD 33309 BROWARD

4. FEI Number 65-0736522 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LAUTIN, LEW J
~~805 E. BROWARD BLVD., STE. 201~~
~~FT. LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 3215 N.W. 10 TERRACE
 SUITE 209
 City State Zip Code
 FT. LAUDERDALE FL 33309

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  LEWIS LATON DATE 4/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

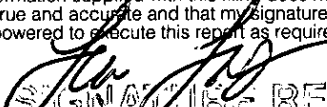
9. Capital Contributions as Shown on record. \$30,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** 30,000.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000025737
NAME	FLORIDA WETLANDS MITIGATION, INC.
STREET ADDRESS	805 E. BROWARD BLVD., STE. 201
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
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	3215 N.W. 10 TERRACE #209
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309.
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004139738--3
CITY-ST-ZIP	-05/07/01--01130--007
STREET ADDRESS	****298.75 ****298.75
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:  LEWIS LATON DATE 4/6/01 Daytime Phone # 954 462 1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CRZE003 (11/00)