


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011083 AT

DOCUMENT # A97000000681

1. Entity Name
FLORIDA WETLANDS II, LTD.



FILED

03 MAY -5 PM 5:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
3215 N.W. 10TH TERRACE, SUITE 209
FT. LAUDERDALE FL 33309

Mailing Address
3215 N.W. 10TH TERRACE, SUITE 209
FT. LAUDERDALE FL 33309



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

5/5

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

**PLATT, GEORGE I
C/O SHUTTS & BOWEN, LLP
200 EAST BROWARD BLVD., SUITE 2000
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

500018004035

05/05/03--01045--019 **298.75

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000025737	STREET ADDRESS	
NAME	FLORIDA WETLANDS MITIGATION, INC.	CITY-ST-ZIP	
STREET ADDRESS	3215 N.W. 10TH TERRACE, SUITE 209		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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:  **David L. John, Director** 04/21/03 954/462-1707
General Partner, Florida Wetlands Mitigation, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)