


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003606 AV

DOCUMENT # A97000001584 1. Entity Name EPNG BUILDING II, LTD.	
---	---

FILED

03 MAY -5 PM 7:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010 BOCA RATON FL 33431-0810	Mailing Address 2295 CORPORATED BLVD., N.W. SUITE 222 BOCA RATON FL 33431
---	--



2. Principal Place of Business	3. Mailing Address			DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number 65-0777613	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON
C/O HERICK COMPANY, INC.
2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON FL 33431

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. 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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

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 #	P97000061707
NAME	G-P RB BUILDING II, INC.
STREET ADDRESS	2295 CORPORATE BLVD., N.W., SUITE 222
CITY-ST-ZIP	BOCA RATON FL 33431
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	200018026253
CITY-ST-ZIP	05/05/03--01126--001 **8771.25
STREET ADDRESS	200018026262
CITY-ST-ZIP	05/05/03--01126--001 **8771.25
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 REQUIRED VP of GP 5/1/03

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

STAPLE CHECK HERE

CR2E003 (10/02)