2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000551

1. Entity Name

OAKCREST APARTMENTS RRH II, LTD.

FILED
00 JAN 12 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1006 GROVE STREET CLEARWATER FL 33755	P.O. BOX 10293 CLEARWATER FL 33757-8293

DO NOT WRITE IN THIS SPACE

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 59-2977845 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORTON, PAMELA K 1006 GROVE STREET CLEARWATER FL 33755	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 _____ DATE
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 #		STREET ADDRESS	
NAME	BORTON, PAMELA K		
STREET ADDRESS	P.O. BOX 10293	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER FL 33757		
DOCUMENT #		STREET ADDRESS	700003099747--5
NAME	JORGENSEN, PHILIP D		-01/14/00--01104--001
STREET ADDRESS	P.O. BOX 521728	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	LONGWOOD FL 32752		
DOCUMENT #		STREET ADDRESS	
NAME	JARNIGAN, WESLEY T		
STREET ADDRESS	P.O. BOX 408	CITY-ST-ZIP	
CITY-ST-ZIP	JOHNSTON IA 50131		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (9/99)

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 Pamela K. Borton 1/4/00 727-443-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #