

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003812 AV

DOCUMENT # **A99000001362**

1. Entity Name  
**POINTE WEST COMMERCE II LIMITED PARTNERSHIP**

**FILED**  
**02 APR 30 PM 6:37**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br><b>1096 E. NEWPORT CENTER DRIVE<br/>#100<br/>DEERFIELD BEACH FL 33442</b> | Mailing Address<br><b>1096 E. NEWPORT CENTER DRIVE<br/>#100<br/>DEERFIELD BEACH FL 33442</b> |
|--|--|



|                                |         |                     |         |   |                               |
|--------------------------------|---------|---------------------|---------|---|-------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | <b>DUE BY MAY 1, 2002</b>   |                               |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |                               |
| City & State                   |         | City & State        |         | 4. FEI Number<br><b>65-0940729</b>  | Applied For<br>Not Applicable |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>BUTTERS, MALCOLM<br/>1096 E. NEWPORT CENTER DRIVE<br/>#100<br/>DEERFIELD BEACH FL 33442</b> |  |  | 7. Name and Address of New Registered Agent        |  |  |
| Name  |  |  | Name   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |
| City  |  |  | City   |  |  |
| State   |  |  | State  |  |  |
| Zip Code  |  |  | 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.

|  |   |   |
|--|---|---|
| 9. Capital Contributions as Shown on record. <b>\$1,980,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|---|

**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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P99000073544<br/>POINTE WEST COMMERCE II, INC.<br/>1096 E. NEWPORT CENTER DRIVE<br/>DEERFIELD BEACH FL 33442</b> | STREET ADDRESS           |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P99000073545<br/>CK PW II, INC.<br/>1096 E. NEWPORT CENTER DRIVE<br/>DEERFIELD BEACH FL 33442</b>                | STREET ADDRESS           | <b>BK</b>   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>700005502117-7<br/>-05/10/02--01030--002<br/>***526.25 ***526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |   |

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** **4/29/02** **(954) 570-8111**

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

CR2E003 (9/01)