

2000 UNIFORM BUSINESS REPORT (UBR)

0016498 AB

DOCUMENT # M97000000865

1. Entity Name
BGK PORTFOLIO II LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:35

Principal Place of Business: 330 GARFIELD STREET, SUITE 200, SANTA FE NM 87501
Mailing Address: 330 GARFIELD STREET, SUITE 200, SANTA FE NM 87501-2677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **85-0448022** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, ROBERT
C/O GREENE, DONNELLY & SCHERMER
1301 6TH AVENUE WEST, SUITE 505
BRADENTON FL 34205**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR GILBERT, EDWARD Delete
STREET ADDRESS 330 GARFIELD STREET, SUITE 200
CITY-ST-ZIP SANTA FE NM 87501

TITLE NAME Change Addition
200003168962--1
-03/14/00--01074--007
*******50.00 *****50.00**

TITLE NAME MGR KOLBER, FRED Delete
STREET ADDRESS 330 GARFIELD STREET, SUITE 200
CITY-ST-ZIP SANTA FE NM 87501

TITLE NAME Change Addition
mf 3/9/00

TITLE NAME MGR BERMAN, ED Delete
STREET ADDRESS 330 GARFIELD STREET, SUITE 200
CITY-ST-ZIP SANTA FE NM 87501

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* Date **2/22/00** Daytime Phone # **(505) 992-5100**

CR2E083 (9/99)