

06-03-2002 91166 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079016

1. Entity Name

SK II GP, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 PGA Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Palm Beach Gardens FL

3. Mailing Address

4400 PGA Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Palm Beach Gardens FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0955166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Cherry, Richard G.

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

4400 PGA Blvd.

Suite 900

City

Palm Beach Gardens FL

FL

Zip Code
33410

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
 NAME: J. Michael Stetson
 STREET ADDRESS: 900 S. Federal Hwy., Ste. 321
 CITY-ST-ZIP: Stuart, FL 34994

TITLE: Vice President
 NAME: Gerald F. Richman
 STREET ADDRESS: 250 Australian Ave. Ste. 1504
 CITY-ST-ZIP: West Palm Beach, FL 33401

TITLE: Vice President & Secretary
 NAME: H. Kent Mergler
 STREET ADDRESS: 3980 SE Old St. Lucie Blvd.
 CITY-ST-ZIP: Stuart, FL 34996

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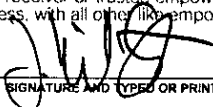
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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

DO NOT WRITE IN THIS SPACE

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____



J. Michael Stetson
 President

5/29/2002 772-286-2400
 Date Daytime Phone

CR2E034B (12/01)