

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 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	<input type="checkbox"/> Delete	TITLE NAME	200003168962--1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 GARFIELD STREET, SUITE 200		STREET ADDRESS	-03/14/00--01074--007	
CITY-ST-ZIP	SANTA FE NM 87501		CITY-ST-ZIP	*****50.00 *****50.00	
TITLE NAME	MGR KOLBER, FRED	<input type="checkbox"/> Delete	TITLE NAME	<i>mf 3/9/00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 GARFIELD STREET, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	SANTA FE NM 87501		CITY-ST-ZIP		
TITLE NAME	MGR BERMAN, ED	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 GARFIELD STREET, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	SANTA FE NM 87501		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 *2/22/00* (505) 992-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)