

2000 UNIFORM BUSINESS REPORT (UBR)

0017080 AF

DOCUMENT # A98000002830

1. Entity Name
MERLOT INVESTMENT PROPERTIES II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56

Principal Place of Business 2401 FOUNTAINVIEW, SUITE 801 HOUSTON TX 77057	Mailing Address 2401 FOUNTAINVIEW, SUITE 801 HOUSTON TX 77057-4820
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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 **76-0590348** APPLIED FOR
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

7. Name and Address of New Registered Agent
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 _____

9. Capital Contributions as Shown on record. **\$980.00**

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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F95000003100 CHRISMART, INC. 12210 VALLEY STAR HOUSTON TX 77024
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY - ST - ZIP	888888107328 4 -04/05/00--01097--017 ****141.25 ****141.25
STREET ADDRESS CITY - ST - ZIP	
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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~~ *Martin T. Hogan* 321-00 (713) 785-3092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)