

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # A97000000243

1. Entity Name
STONEBRIDGE LANDINGS II, LTD.

00 APR -5 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/19



DO NOT WRITE IN THIS SPACE

Principal Place of Business
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

Mailing Address
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2820

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0795179		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STOSIK, VICTOR L 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822				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. \$6,725,050.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000005393	STREET ADDRESS	
NAME	STONEBRIDGE LANDINGS II, INC.	CITY - ST - ZIP	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1400		
CITY - ST - ZIP	MIAMI FL 33131-2822		
DOCUMENT #		STREET ADDRESS	200003217152--U
NAME		CITY - ST - ZIP	-04/20/00--01095--009
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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]* **SIGNATURE REQUIRED** *3/16/00* *305-379-8467*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Douglas H. Pudgee, Treasurer* Date Daytime Phone #

CR2E003 (9/99)