

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00060608 AT

DOCUMENT # A00000001408

1. Entity Name  
HGL PROPERTIES L.P. II, LTD.



FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8120 NATIONS WAY, SUITE 202  
JACKSONVILLE FL 32256

Mailing Address  
8120 NATIONS WAY, SUITE 202  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK A. REINSCH

~~1301 RIVERPLACE BLVD., STE. 1818~~

~~JACKSONVILLE FL 32207~~

Name

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

2700 Lake Shore Blvd.

City

Jacksonville

FL

Zip Code  
32210

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P98000002697  
NAME HGL PROPERTIES G.P., INC.  
STREET ADDRESS 8120 NATIONS WAY, SUITE 202  
CITY-ST-ZIP JACKSONVILLE FL 32256

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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: X

~~SIGNATURE~~ REQUIRED

William W. Stout, VP 4/22/03 (904) 296-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE