2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000007

1. Entity Name

JANOWER LIMITED PARTNERSHIP II

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business	Mailing Address
21247 D Clubside Dr. Boca Raton, FL 33434	21247 D Clubside Dr. Boca Raton, FL 33434

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 65-0965360 ☐ Applied For ☐ Not Applicable

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
Donald R. Janower 21247 D Clubside Dr. Boca Raton, FL 33434	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. Approx: $11.5 Million

10. Amount of Capital Contributions in FLORIDA to date. Approx: $11.5 Million

MAKE CHECK PAYABLE TO: SECRETARY OF STATE

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP: Donald R. Janower, Trustee Donald R. Janower Revocable Living Trust	STREET ADDRESS / CITY-ST-ZIP
STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP 000000326721U--7 -05/25/00--01094--006 ****526.25 ****526.25
STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP

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: Donald R. Janower Trustee DONALD R. JANOWER, TRUSTEE DONALD R. JANOWER REVOCABLE LIVING TRUST 4/25/00 (561) 487-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #