

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. 21247 D Clubside Dr.
 Boca Raton, FL 33434 Boca Raton, FL 33434

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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 Name
 21247 D Clubside Dr. Street Address (P.O. Box Number is Not Acceptable)
 Boca Raton, FL 33434 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 registering) _____ **DATE** _____

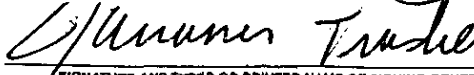
9. Capital Contributions as Shown on record. Approx: \$11.5 Million **10. Amount of Capital Contributions in FLORIDA to date.** Approx: \$11.5 Million

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 #	Donald R. Janower, Trustee	STREET ADDRESS	
NAME	Donald R. Janower Revocable Living Trust	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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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 REVOCABLE LIVING TRUST
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/25/00 **Daytime Phone #** (561) 487-1626