LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000282

1. Entity Name

LINDSEY GARDENS II, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
250 SE 10TH STREET	250 SE 10TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FLORIDA	City & State: DELRAY BEACH, FLORIDA
Zip: 33483 Country: USA	Zip: 33483 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0992432 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JEFFREY S. FELNER

Street Address (P.O. Box Number is Not Acceptable): 250 SE 10TH STREET

City: DELRAY BEACH **FL** Zip Code: 33483

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: Jeffrey S. Felner — FEBRUARY 18, 2002

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 #	GP0000000314	STREET ADDRESS	
NAME	LINDSEY GARDENS JOINT VENTURE II	CITY-ST-ZIP	
STREET ADDRESS	250 SE 10TH STREET		
CITY-ST-ZIP	DELRAY BEACH,,FLORIDA 33483		
DOCUMENT #		STREET ADDRESS	000005419620--9
NAME		CITY-ST-ZIP	05/02/02 01010 009
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CITY-ST-ZIP			

CR2E003B (12/01)

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: Jeffrey S. Felner 2/18/02 (561)276-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — DATE — DAYTIME TELEPHONE NUMBER