2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A00000000313 1. Edity Name The SANCTURRY AT WINTERLAKES II LIMITED PARTNERS PILED OI ARR 27 PM 3: 53 SECRETARY OF STATE LITERATORY O | | | | | | • • | | | |
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| Principle Place of Business 700 EAST KEMPER ROAD CINCINATI OH 45249 2. Principle Place of Business Scriet Age 4, etc. 2. Principle Place of Business Scriet Age 5, etc. 3. Mailing Address SCRETARY OF STATE 11 All ACTUAL 1 All ACTUAL 12 All ACTUAL 13 All ACTUAL 13 All ACTUAL 14 All ACTUAL 15 Al | | | # A0000 | 0000313 | | | | | |
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| The Country 2p Country 5. Certificate of Status Desired 58.75 Additional Fee Required 5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD PLANTATION F1. 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its objectered office or registered agent, or both, in the State of Florida. Significant Units State Of Florida Units State of Florida. Significant Units State Of Florida Units Units State Of Florida Units Of Florid | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | · · · · · · · | DO NOT WRITE IN THIS SPACE | | |
| Signature of the state of Floring Signature of Status Desired Status Desired Signature of Status Desired Status Desired Signature of Status Desired Status Desir | City & Sta | te | | City & State | | | 4. FEI Number Applied For | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this state of changing its ogistered agent, or both, in the State of Florida. 8. The above named entity submits this state of Capit (Combulines agent, or both, in the State of Florida. 8. The above named entity submits this state of Capit (Combulines agent a | Zip Country | | | Zip | Cour | ntry | _ \$8.75 Additional | ble | |
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