					(+)				
DOCUMENT # A000000961 1. Entity Name						FILED			
BANKATLANTIC FINANCIAL VENTURES II, LTD.						02 MAY -1 PM 5: 56			
Principal Place of Business 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304			Mailing Address 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304			SECRETARY OF STATE- TABLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address					····-				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002			
City & State			City & State			4. FEI Number 65-1029768 Applied For Not Applicable			
Zip Country		Zip	,		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	o. Name an	d Address of Current Re	egistered Agent		Nama	7. Name and	Address of New Registered	lgent	
MILLER, ALISON W 2200 MUSEUM TOWER					Street Address	treet Address (P.O. Box Number is Not Acceptable) 1750 E. Sunrise Blvd			
150 WEST FLAGLER ST									
MIAMI FL 33130						Third Floor			
R The above	named optity ou	homito this statement for the		/ - 1 .	<u> </u>	.Lauden		Zip Code 33304	
o. The above	named entity su	omits this statement for t	he purpose of changing its	registere	ed office or regist	ered agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed or pri	nted name of registered agent and	title if applicable.	GLI	EN R. GILI	BERT	DATE		
9. Capital Contributions \$100.00 10. Amount of Capital					butions	The same offers to the state of			
as Showin		ERAL PARTNER TH	in FLORIDA to d		IIST BE DEGIS	STEDED AND A	SEE REVERSE SIDE FOI CTIVE WITH THIS OFFICE		
	NOTE: G	eneral Partners MAY	NOT be changed on ti	he form	i; an amendme	ent must be filed	to change a general part	tner.	
12.	100000000	GENERAL PARTNER IF	NFORMATION	13.			ADDRESS CHANGES ONL	Υ	
DOCUMENT # NAME STREET ADDRESS	BANKATLANTIC FINANCIAL VENTURES II, LLC 1750 E SUNRISE BLVD			STRE	ET ADDRESS		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CITY-ST-ZIP				CITY-	-ST-ZIP				
DOCUMENT # NAME	•			STRE	ET ADDRESS	30	K 005502:	3432	
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP		86005502: -05/10/020 ****141.25	1052019 ****141.25	
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DOCUMENT # 5				STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	·			CITY-	ST-ZIP				
DOCUMENT # NAME				STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	, <u> </u>		CiTY-	ST-ZIP		•		
OOCUMENT #				STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	-			<u>. </u>	ST-ZIP				
 I hereby control indicated of 	ertify that the info on this report is to	rmation supplied with thi	s filing does not qualify for t my signature shall have t	the exem	nption stated in Se legal effect as if r	ection 119.07(3)(i), made under oath; th	Florida Statutes. I further certif nat I am a General Partner of the	y that the information ne limited partnership or	

SIGNATURE:

GLEN R. GILBERT
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/2002

CR2E003 (9/01)