

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000961

1. Entity Name
BANKATLANTIC FINANCIAL VENTURES II, LTD.



Principal Place of Business
1750 EAST SUNRISE BLVD.
FT LAUDERDALE FL 33304

Mailing Address
1750 EAST SUNRISE BLVD.
FT LAUDERDALE FL 33304

FILED
03 MAY -5 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

0010960 AT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1029768

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GILBERT, GLEN R
1750 EAST SUNRISE BLVD.
FT LAUDERDALE FL 33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # L00000008967
NAME BANKATLANTIC FINANCIAL VENTURES II, LLC
STREET ADDRESS 1750 EAST SUNRISE BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33304

STREET ADDRESS

CITY-ST-ZIP

500017921475
05/05/03--01002--023 **141.25

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STREET ADDRESS

CITY-ST-ZIP

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

4/21/2003
Date

Daytime Phone #

CR2E003 (10/02)