Daytime Phone #

2001	UNIFORM	BUSINESS	REPORT	(UBR)
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SIGNATURE:

DOCUMENT # A0000001014					FILED				
ROCK CREEK II CO-INVESTMENTS, LTD.					401 APR 30 IRN IF 30				
Principal Plac	ce of Business	Mailing Address			SE	CRETARY OF STATE			
1200 RIVERPLACE BLVD., SUITE 902 1200 RIVERPLACE BLVD., SU JACKSONVILLE FL 32207 JACKSONVILLE FL 32207			SUITE 9	SECRETARY OF STATE TALLAHASSEE, FLORIDA)Aβ	*	
						 		fi i i i i i i i i i i i i i i i i i i	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & Star	e	City & State	City & State		4. FEI Number	•	Applied Not App		
Zip :	Country	Zip	Zip Country		5. Certificate of	Status Desired	\$8.75 Additional	al	
<u></u>	6. Name and Address of Curren	t Registered Agent	·		7. Name and Ad	Idress of New Registered	•		
;		_		Name					
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 300				Street Address (P.O. Box Number is Not Acceptable)					
miami fl	33131-3209								
				City		FL	Zip Code		
8. The above	e named entity submits this statement f	or the purpose of changing its	register	ed office or registere	ed agent, or both, i	n the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)	DATE		-	
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da		butions		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO		1	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN	TITY M	UST BE REGIST	ERED AND ACT	TIVE WITH THIS OFFICE	i. Iner		
12.	GENERAL PARTNE		13.	, an amendment	Thust be mea t	ADDRESS CHANGES ON			
DOCUMENT #	A9900000644		STRE	ET ADDRESS		7. 0	:	1/00/	
NAME STREET ADDRESS CITY-ST-ZIP	ROCK CREEK CAPITAL II, LTD. 1200 RIVERPLACE BLVD., SUITE JACKSONVILLE FL 32207	902	CITY	-ST-ZIP		SECRE ALLIA	Ä	CR2E003 (11/00)	
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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									