

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006265 AT

**DOCUMENT # A00000001014**



1. Entity Name  
**ROCK CREEK II CO-INVESTMENTS, LTD.**

FILED  
2003 APR 17 PM 3:18

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE FL 32207</b>	Mailing Address <b>1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE FL 32207</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3654625**      Applied For  
Not Applicable

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**

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., SUITE 300  
MIAMI FL 33131-3209**

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

9. Capital Contributions as Shown on record. <b>\$25,250,100.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>25,250,100</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>A99000000644</b>	STREET ADDRESS	
NAME	<b>ROCK CREEK CAPITAL II, LTD.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1200 RIVERPLACE BLVD., SUITE 902</b>		<b>800016217728</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		<b>04/17/03--01071--015 **526.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: **SIGNATURE REQUIRED**      **1/8/03**      **904-393-9020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)