

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011761 AF

DOCUMENT # A00000001408

1. Entity Name

HGL PROPERTIES L.P. II, LTD.

FILED \$447.50

APR 19 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8120 NATIONS WAY, SUITE 202  
JACKSONVILLE FL 32256

8120 NATIONS WAY, SUITE 202  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

HGL PROPERTIES G.P., INC.  
8120 NATIONS WAY, SUITE 202  
JACKSONVILLE FL 32256

Name

Mark A. Reinsch

Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd., STE 1818

City

Jacksonville

FL

Zip Code

32207

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.

SIGNATURE

*[Signature]*

Mark A. Reinsch

(NOTE: Registered Agent signature required when reinstating)

4/17/01

DATE

9. Capital Contributions  
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # P98000002697  
NAME HGL PROPERTIES G.P., INC.  
STREET ADDRESS 8120 NATIONS WAY, SUITE 202  
CITY-ST-ZIP JACKSONVILLE FL 32256

STREET ADDRESS  
CITY-ST-ZIP 3200004134309--7  
-05/03/01--01115--005  
\*\*\*606.25 \*\*\*447.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
WILLIAM W. STOUT, Vice President

4/17/01

Date

(904) 296-3444

Daytime Phone #

CP2E003 (11/00)