

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000717

1. Entity Name

SANTA FE ASSOCIATES II LTD.

APPROVED  
AND  
FILED

02 APR 25 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

430 NE 1ST AVE., STE D  
HIGH SPRINGS FL 32643

Mailing Address

430 NE 1ST AVE., STE D  
HIGH SPRINGS FL 32643



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, 2002

4. FEI Number

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

PALETTI, TIMOTHY M  
430 NE 1ST AVE., STE D  
HIGH SPRINGS FL 32643

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$0.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PALETTI, TIMOTHY M  
430 NE 1ST AVE., #D  
HIGH SPRINGS FL

STREET ADDRESS

CITY-ST-ZIP

800005451238--1

-05/03/02-01102-006

\*\*\*\*150.00 \*\*\*\*150.00

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CITY-ST-ZIP

CR2E003 (9/01)

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:

*Timothy M. Paletti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Timothy M. Paletti 2/22/02 386 454-3573

Date

Daytime Phone #