

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015798 AT

DOCUMENT # **A01000000729**

1. Entity Name

**ALF II LTD.**

FILED

02 JAN 30 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**714 S.E. 22ND AVENUE  
OCALA FL 34471**

Mailing Address

**714 S.E. 22ND AVENUE  
OCALA FL 34471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAINES, TIM D  
125 N.E. FIRST AVE., SUITE 1  
OCALA FL 34470**

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

*Arthur Radice*  
Signature, typed or printed name of registered agent and title if applicable

DATE

*12/7/02*

9. Capital Contributions  
as Shown on record.

**\$140,000.00**

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 # **L96000000548**  
NAME **CARRIAGE HOUSE OF OCALA, L.C.**  
STREET ADDRESS **714 S.E. 22ND AVENUE**  
CITY-ST-ZIP **OCALA FL 34471**

STREET ADDRESS

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:

*Arthur Radice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Arthur Radice*

Date

Daytime Phone #

*12/7/02 352-620 9842*

CR2E003 (9/01)