2002 UN	IIFORM BUS	SINESS RE	PORT	(UBR)		APPROVEL		
DOCUMENT # A0100001214						AND FILED		
CODINA HOLDINGS II, LTD.					02	02 APR 29 PM 3: 41		
	, -							
Principal Place of Business 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES FL 33134		Mailing Address 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES FL 33134			ECRETARY OF S ELTAHASSEE, FL			
Principal Place of Business     3. Mailing Address					<u> </u>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State	···	City & State			4. FEI Number Applied For			
Zip Country		Zip Country		ntry	5. Certificate	of Status Desired	Not Applicable \$8.75 Additional	
- 6. Ner	ne and Address of Curren	t Registered Agent			-7Name and	Address of New Reglet	Fee Required	
		<u> </u>	1	Name	-7Name and Address of New Registered Agent			
COBB, KOLLEEN 355 ALHAMBRA CIRCLE SUITE 900				Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134				City FL Zip Code				
8. The above named en	tity submits this statement f	or the purpose of changing	ng its registere	ed office or regis	stered agent, or both	, in the State of Florida		
SIGNATURE	ed or printed name of registered ageni							
9. Capital Contributions		10. Amount of (	Conital Cantal				DATE	
as Shown on record.	\$1,000.00  GENERAL PARTNER	· in FLORIDA	A to date.		ICTEDED AND A	SEE REVERSE SII	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION	
NOT	E. General Farthers M	AT NOT be changed	on the form	; an amendm	ent must be filed	to change a genera	FRICE. Il partner.	
12.	GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHANGES		
IAME CODINA	P01000088865 CODINA HOLDINGS II, INC. 355 ALHAMBRA CIRCLE, SUITE 900		STREE	ET ADDRESS				
<del></del>	GABLES FL 33134	-	CiTY-	ST-ZIP				
ocument #  Iame  Treet address			STREE	ET ADDRESS	11	JUUU544 -05/03/02 	97515 -01051011 	
ITY-ST-ZIP		<del></del>	CITY-	ST-ZIP			-5 *****171.25	
OCUMENT /	Signatura (Constitution of the Constitution of	est per	STREE	T ADDRESS -	يايود دنسوه م	r <del>e</del> e e	- · .	
TREET ADDRESS ITY-ST-ZIP			CITY-S	ST-ZIP			<del>"                                    </del>	
OCUMENT # AME		-	STREE	T ADDRESS			-	
TREET ADDRESS TY-ST-ZIP			CITY-S	ST-ZIP	·			
OCUMENT #	•		STREET	T ADDRESS				
TREET ADDRESS			CITY-S	ST-ZIP	<del></del>	· · · · · · · · · · · · · · · · · · ·		
OCUMENT # AME	<del></del>		STREET	ADDRESS				
TREET ADDRESS			CITY-S	IT-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

Codum to long II, I'M.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Dat