

2002 UNIFORM BUSINESS REPORT (UBR)

0016386 AT

DOCUMENT # A01000001391

1. Entity Name

FLOWERWOOD II LIMITED PARTNERSHIP

Principal Place of Business **Mailing Address**

13340 WEST COLONIAL DRIVE, SUITE 220 13340 WEST COLONIAL DRIVE, SUITE 220
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787

2. Principal Place of Business **3. Mailing Address**

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

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

REINHARDT, ERIC C
13340 WEST COLONIAL DRIVE, SUITE 220
WINTER GARDEN FL 34787

DUE BY MAY 1, 2002

4. FEI Number 04 3587927 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$80,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** \$8,000.00 **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 #	REINHARDT, ERIC C	STREET ADDRESS	300005450373--2
NAME	13340 WEST COLONIAL DRIVE, SUITE 220	CITY-ST-ZIP	-05/03/02--01064--026
STREET ADDRESS	WINTER GARDEN FL 34787		****153.50 ****153.50
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: *Sally Ann Wall* **General Partner** 3/7/02 251-964-5122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)