

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001533

1. Entity Name

POLAR FUND II, LTD.

Principal Place of Business

225 WEST WATER STREET
SUITE 1987
JACKSONVILLE FL 32202

Mailing Address

225 WEST WATER STREET
SUITE 1987
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02 APR 19 AM 10:24

APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number

90-0003107

Applied For

Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F&L CORP
200 LAURA STREET
JACKSONVILLE FL 32202

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 **\$1,000,000,000.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

BERG, GILCHRIST-B
225 WEST WATER STREET
JACKSONVILLE FL 32202

STREET ADDRESS
CITY-ST-ZIP

Please see attached
Certificate of Amendment.

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

A01000001108
WSmanagement, LLP
225 Water St., S-1987
Jacksonville, FL 32202

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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05/03/02 01077 023
****141.25 ****141.25

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 *[Handwritten]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/02

(904)355-9989

Daytime Phone #

CR2E003 (9/01)

086900
AT