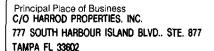
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SEGRETARY OF STAFE " PARMAHA'SSEE, FLORIDA

2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A02000000998 **DOCUMENT #**

1. Entity Name FLHBO II, L.L.L.P.



Mailing Address C/O HARROD PROPERTIES. INC. 777 SOUTH HARBOUR ISLAND BLVD., STE. 877 **TAMPA FL 33602**

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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 45 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARROD, GARY W Street Address (P.O. Box Number is Not Acceptable) -777. SOUTH HARBOUR ISLAND BLVD., STE. 877... **TAMPA FL 33602** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, 10. Amount of Capital Contributions 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$827,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (10/02) L02000015321 DOCUMENT # STREET ADDRESS HARROD-BLAUVELT-OKUN, LLC NAME 777 SOUTH HARBOUR ISLAND BLVD., STE. 877 STREET ADDRESS **300017635383** 201703--03003--025_**52 CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DOCUMENT ₹** STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP 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: