2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06140 1. Entity Name									
INVESTORS SYNDICATE, LTD. II					FILED				
					00 MAY 15 PM 4: 20				
Principal Place of Business Mailing Address 1226 COMMERCE STREET 1226 COMMERCE ST SUITE 300 DALLAS TX 75202-4328 DALLAS TX 75202-43					SEGRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Mailing Address					- 1 Meriots hots devine eiger fram espin part prem eren, prem eren, prem eren, prem caus prem capt				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	e	City & State	City & State		4. FEI Number	59-1783109		Applied For Not Applicable	
Zip	Country Zip Cou		Coun	itry	5. Certificate o	f Status Desired		'5 Additional lequired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET				Street Address (F.O. Box Number is Not Accoptable)					
TALLAHASSEE FL 32301-2525				City	To Code				
					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. (NOTE: Registered Agent signature required when reinstating) DATE									
9. Capital Contributions as Shown on record. \$5,753,115.00 In FLORIDA to date.						11. MAKE CHECK PAYAB SEE REVERSE SIDE	FOR FEE		
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	F21524 INVESTORS GENERAL, INC. 1226 COMMERCE STREET, SUITE 300			EET ADDRESS	<u> 1000032893710</u> -06/14/0001090008				
CITY-ST-ZIP	DALLAS TX 75202-4328		OIT			****526.25	- **	**526.25	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #									