

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07756**

1. Entity Name

HEATHERWOOD APARTMENTS II, LTD.

Principal Place of Business

**7809 COOPER RD.
CINCINNATI OH 45242**

Mailing Address

**7809 COOPER RD.
CINCINNATI OH 45242**

APPROVED
AND
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business Grove at Lakeland Square Suite, Apt. #, etc. 3570 U.S. Hwy 98 N. City & State Lakeland Florida Zip 33809 Country U.S.A.		3. Mailing Address Grove at Lakeland Square Suite, Apt. #, etc. 3570 U.S. Hwy 98 N. City & State Lakeland Florida Zip 33809 Country U.S.A.	
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DUE BY MAY 1, 2002

4. FEI Number 59-2000810	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY K
4561 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Barcap Realty Services Group, Inc.
Street Address (P.O. Box Number is Not Acceptable)
Grove at Lakeland Square
3570 U.S. Hwy 98 N.
City
Lakeland FL Zip Code
33809

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 **Mark L. Wilson, VP** **Mark L. Wilson, VP** **3/15/02**
Signature, typed or printed name of registered agent and file if applicable. DATE

9. Capital Contributions as Shown on record. \$375,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000037643	NAME BARON CAPITAL LII, INC.	STREET ADDRESS	
STREET ADDRESS 7826 COOPER ROAD	CITY-ST-ZIP CINCINNATI OH 45242	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	888885183728 6
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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: **Mark L. Wilson, VP** **Mark L. Wilson, VP** **3/15/02** **513 936 3408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0016721 AT

CP2E003 (9/01)

START CHECK HERE