

2002 UNIFORM BUSINESS REPORT (UBR)

0014372 AT

DOCUMENT # **A08262**

1. Entity Name

RURAL HOUSING PARTNERSHIP II, LTD.

FILED

02 MAY -1 PM 5:50

FILED

02 MAY -1 PM 5:50

Principal Place of Business

5015 S. FLORIDA AVE.
SUITE 200
LAKELAND FL 33813

Mailing Address

5015 S. FLORIDA AVE.
SUITE 200
LAKELAND FL 33813

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

PO Box 5252

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-1955956

Applied For

Not Applicable

Zip

33801

Country

Zip

33801

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

McFARLANE, PETER A ESQ
5015 S. FLORIDA AVE.
SUITE 215
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave

Suite 715

City

Lakeland

FL

Zip Code

33801

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 as Shown on record.

\$0.00

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 # M77351
NAME LAKE HENRY DEVELOPMENT,
STREET ADDRESS 5015 S. FLORIDA AVE., SUITE 215
CITY-ST-ZIP LAKELAND FL

STREET ADDRESS

500 S. Florida Ave Suite 700

CITY-ST-ZIP

Lakeland FL 33801

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

800005538348--5

CITY-ST-ZIP

05/18/02-01001-024

*****150.00 *****150.00

BK

DOCUMENT #
NAME
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

Daytime Phone #

CR2E003 (9/01)