

2001 UNIFORM BUSINESS REPORT (UBR)

0004362 AF

DOCUMENT # A12612

1. Entity Name

SARASOTA PROPERTIES, SERIES II, LTD.

Principal Place of Business

550 BILTMORE WAY, SUITE 700
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY, SUITE 700
CORAL GABLES FL 33134

FILED

01 MAY 18 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2196499

Applied For

Not Applicable

Zip

Country

Zip

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

POLLER, NEALE J
550 BILTMORE WAY, SUITE 700
CORAL GABLES FL 33134

Name

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

700004418917-6

-06/14/01--01009--001

City

***526.25 FL ***526.25

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.

\$197,711.74

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 # P94000056699
NAME SARASOTA II-PROPERTY CORPORATION
STREET ADDRESS 550 BILTMORE WAY, SUITE 700
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/18/01 (305) 869-2000

Date

Daytime Phone #

CR2E003 (11/00)