## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12768  1. Entity Name  MORNINGSDE PARTMENTS II, LTD.  # 236-3  Principal Place of Business  Maring Address  ESPA AMERICANA PARKWAY  REMOLDSBURS ON 4000  2. Mining Address  Site, Apr. 8, etc.  DO NOT Wester in This SPACE  City & State  City &					<b>♪</b>		_			
## 236-3  Principal Place of Business  Bisk AURENCIAN PRINCIPS  CP 4 State  Cry & State  Country  Discovery  Bisk Aurencian Country  Countr	/ (   _ / 00							FIL	.ED	
Maining Address   Both Address   B							SECRETARY OF STATE DIVISION OF CORPORATIONS			
SUBJECT ON LOSS INC.  2. Principal Pace of Business  Suite. Appl. 4. etc.  Suite. Appl. 4. etc.  Suite. Appl. 4. etc.  City & State  City & St							00 MAY - 1 PM 3: 52			
2. Principal Page of Business	,						301,711 7 111 3 32			
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Signature   Sign	City & State			City & State		4. FEI Number	E0-2400264	<del></del>		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name    Proceedings   Procedings   Proceedings   Procedings   Proceedings   Proceedings   Proceedings   Procedings   Proceedings   Proceedings   Proceedings   Procedings   Proceedings   Procedings   Procedings				7in Country		nto.		J3 2403204		
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLY ROAD TALLAHASSEE FL 32311  City FL   City FL   Zip Code  City FL   City FL   City 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  9. Capital Contributions   Supular in road of registered agent are title registered agent are registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions   Supular in road of registered agent are title registered agent are registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions   Date of Registered agent are registered agent are registered agent, or both, in the State of Florida.  11. MAKE DREGK PAYABLE TO DEFT. OF STATE SER PROFINE INFORMATION   Date of Registered agent are registered agent, or both, in the State of Florida.  12. AGENERAL PARTINET INFORMATION   Date of Registered agent are registered agent, or both, in the State of Florida.  13. AGENT PAYABLE TO DEFT. OF STATE SER PROFINE INFORMATION   Date of Registered agent are registered agent, or both, in the State of Florida.  14. AGENT PAYABLE TO DEFT. OF STATE SER PROFINE INFORMATION   Date of Registered agent are registered agent, or both, in the State of Florida.  15. AGENT PAYABLE TO DEFT. OF STATE SER PROFINE INFORMATION   Date of Registered agent are registered agen	∠ip		Country	Zip Country		пиу				
EDXIS DOCUMENT SERVICES INC. 3953 WW KELLY ROAD TALLAHASSEE FL 32311  City FL Zip Code  City FL Zip Code  City 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, speed or pinted rates of rigidal and agent and to a registered agent and to the purpose of changing its registered Agent algorithm required when necessary agents in received agent or both, in the State of Florida.  SIGNATURE  SIGNATURE  ACRIEVALD CONTROLL OF STATE  SER REVERSES SIDE FOR FEE INFORMATION  10. ACRIEVALD AGENT WITH THIS OFFICE.  SER REVERSES SIDE FOR FEE INFORMATION  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  SER REVERSES SIDE FOR FEE INFORMATION  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  MB000000497  NAME  SIRRET ACRESS  OTY-ST-2P  DOGUMENT /  NAME  SIRRET ACRESS  OTY		6. Name	and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent				
3953 WW KELLY ROAD TALLAHASSEE FI. 32311  City FL Zip Code  City F						Name				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  9. Capital Contributions as Shown on record.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE REPURSING SIDE FOR FEE INFORMATION on record.  12. AGRIFAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERD AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  INVESTMENT ADDRESS ON PROPERTY OF PLANE OF PLA						Street Address (P.O. Box Number is Not Acceptable)				
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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					спу	r-st-zip				
/										

SIGNATURE SEQUIPED 24 April 2000 614.575.5284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Christine L. Gellion, Manager of General Partner

Partner