

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14751**

1. Entity Name
AMREAL RIDGEWOOD II ASSOCIATES, LTD.



Principal Place of Business
**2100 APALACHEE PARKWAY
#8B
TALLAHASSEE FL 32301**

Mailing Address
**2100 APALACHEE PARKWAY
#8B
TALLAHASSEE FL 32301**

APPROVED
AND
FILED
03 APR -4 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **95-3795936**

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

**HOGUE, ANITA
REO PROPERTIES
2100 APALACHEE PKWY., #8B
TALLAHASSEE, FL 32301**

Name

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

**500015322615
04/04/03--01065--008 **526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,396,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **G99176900007**
NAME **AMREAL FLORIDA ASSOC.**
STREET ADDRESS **610 W ASH ST #1400**
CITY-ST-ZIP **SAN DIEGO CA 92101**

STREET ADDRESS

4184 PALISADES RD

CITY-ST-ZIP

San Diego, CA 92116

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

2/18/03
Date

(619) 990-8510
Daytime Phone #

CR2E003 (10/02)