2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A15272

LF

1. Entity Name

TALLAHASSEE HOMESHARES II, LTD.

Principal Place of Business	Mailing Address
1300 METROPOLITAN BLVD.	1300 METROPOLITAN BLVD.
P.O. BOX 14019	P.O. BOX 14019
TALLAHASSEE FL 32317-4019	TALLAHASSEE FL 32317-4019

2. Principal Place of Business
1815 Miccosukee Commons Dr.

3. Mailing Address
P.O. Box 14019

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number   59-2316657

Applied For / Not Applicable

Zip	Country	Zip	Country	
32308	Leon USA	32317-4010	Leon USA	**5.** Certificate of Status Desired ☐

$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

NOBLIN, MILLARD J.
1815 MICCOSUKEE COMMONS BLVD., STE. 104
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City   FL   Zip Code

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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 4/22/02

9. Capital Contributions as Shown on record.   **$215,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME NOBLIN, MILLARD J. STREET ADDRESS 1815 MICCOSUKEE COMMONS DR., STE. 104 CITY-ST-ZIP TALLAHASSEE FL 32308	STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   4/17/02   Daytime Phone #