# 2001 UNIFORM BUSINESS REPORT (UBR)

000196 AF

DOCUMENT # A18653

1. Entity Name

COMMUNITY SYNDICATE II, LTD.

FILED
01 APR 26 PM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1300 METROPOLITAN BLVD.~~<br>TALLAHASSEE FL 32308 | P.O. BOX 14019<br>~~1300 METROPOLITAN BLVD.~~<br>TALLAHASSEE FL ~~32308~~ |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1815 Miccosukee Commons Dr., | P.O. Box 14019 |
| Suite, Apt. #, etc.: Suite 104 | Suite, Apt. #, etc. |
| City & State: Tallahassee, Florida | City & State: Tallahassee, Florida |
| Zip: 32308 Country: Leon | Zip: 32317-4019 Country: Leon |

4. FEI Number 59-2475199 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| NOBLIN, MILLARD J.<br>~~1300 METROPOLITAN BLVD.~~<br>TALLAHASSEE FL 32308 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 1815 Miccosukee Commons Dr., Suite 104<br>City: Tallahassee FL Zip Code: 32308 |

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 _____ 4/23/01
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. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $2,354,300.00 | | |

**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 # | | STREET ADDRESS | 1815 Miccosukee Commons Dr., Suite 104 |
| NAME | NOBLIN, MILLARD J. | CITY-ST-ZIP | Tallahassee, Florida 32308 |
| STREET ADDRESS | ~~1300 METROPOLITAN BLVD.~~ | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 100004213766--5 |
| NAME | | CITY-ST-ZIP | -05/14/01--01014--001 |
| STREET ADDRESS | | | ****526.25 ****526.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (11/00)

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 _____ 4/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #