

2001 UNIFORM BUSINESS REPORT (UBR)

0018086 AF

DOCUMENT # A19669

1. Entity Name

OAKVIEW GARDEN APARTMENTS - PHASE II, LTD.

FILED

01 JUL -2 AM 8:47

Principal Place of Business

4600 RANGE ROAD
NICEVILLE FL 32578

Mailing Address

4600 RANGE ROAD
NICEVILLE FL 32578

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Office

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500 Kelly Mill Rd

City & State

City & State

Valparaiso, FL

4. FEI Number

59-2542725

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WRIGHT, JOE
500 KELLY MILL RD
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

Name

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

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]

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

(NOTE: Registered Agent signature required when reinstating)

6/25/01

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WRIGHT, ROGER H
241 SO. BAYSHORE DRIVE
VALPARAISO FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

300004474553--4

CITY-ST-ZIP

07/13/01-01050-015

*****541.25 *****541.25

STREET ADDRESS

CITY-ST-ZIP

300004474553--4

STREET ADDRESS

CITY-ST-ZIP

07/13/01-01050-016

*****8.75 *****8.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)