

2001 UNIFORM BUSINESS REPORT (UBR)

0014323 AF

DOCUMENT # A20880
 1. Entity Name
TANDEM ASSOCIATES II, LIMITED

FILED

01 MAY -2 PM 12:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3459 SEAGRAPE DRIVE
 SARASOTA FL 34242**

Mailing Address
**3459 SEAGRAPE DRIVE
 SARASOTA FL 34242**

2. Principal Place of Business
395 Commercial Court
 Suite, Apt. #, etc.
Suite A

3. Mailing Address
395 Commercial Court
 Suite, Apt. #, etc.
Suite A

City & State
Venice, FL

City & State
Venice, FL

Zip
34292

Country
USA

4. FEI Number
59-2418966

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HALPIN, DAVID J.
 3459 SEAGRAPE DRIVE
 SARASOTA FL 34242**

7. Name and Address of New Registered Agent
 Name
Michael W. Miller
 Street Address (P.O. Box Number is Not Acceptable)
395 Commercial Court, Suite A
 City
Venice FL Zip Code
34292

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: DATE: **4/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$242,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F47892
NAME	TANDEM MANAGEMENT CORP.
STREET ADDRESS	4401 ASHTON ROAD, SUITE G
CITY-ST-ZIP	SARASOTA FL 34233
DOCUMENT #	HALPIN, DAVID J
NAME	HALPIN, DAVID J
STREET ADDRESS	3459 SEAGRAPE DRIVE
CITY-ST-ZIP	SARASOTA FL 34242
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	100004302001-4 -05/23/01--01036--041 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: DATE: **4/23/01** DAYTIME PHONE #: **941-485-5263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)