


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016006 AT

**DOCUMENT # A20880**

1. Entity Name  
**TANDEM ASSOCIATES II, LIMITED**



**FILED**  
03 MAY -5 PM 7:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**395 COMMERCIAL COURT, SUITE A  
VENICE FL 34292**

Mailing Address  
**395 COMMERCIAL COURT, SUITE A  
VENICE FL 34292**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

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

**MICHAEL W. MILLER  
395 COMMERCIAL COURT, SUITE A  
VENICE FL 34292**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

DOCUMENT #	<b>F47892</b>
NAME	<b>TANDEM MANAGEMENT CORP.</b>
STREET ADDRESS	<b>395 COMMERCIAL COURT, SUITE A</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>
DOCUMENT #	
NAME	<b>HALPIN, DAVID J</b>
STREET ADDRESS	<b>3459 SEAGRAPE DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>
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	<b>800018005668</b>
CITY-ST-ZIP	<b>05/05/03--01053--008 **526.25</b>
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: Michael W. Miller **Michael W. Miller** 4/29/03 941-441-1440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)