A20880 **DOCUMENT #** 

1. Entity Name

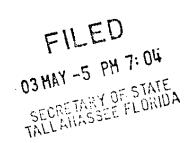
TANDEM ASSOCIATES II, LIMITED



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

Mailing Address 395 COMMERCIAL COURT. SUITE A

VENICE FL 34292





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2. Frincipal Flace of business 3. Wa		3. Walling Addit	Walling Address		1					
Suite, Apt. #, etc. Suite		Suite, Apt. #,	Suite, Apt. #, etc.		DUE BY MAY 1, 2003					
City & State City & State				4. FEI Number	59-2418966		Applied For			
		<u>.</u>					Not Applicable			
Zip		Country	Zip Country		ntry	5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name	and Address of Current	Registered Agent			7. Name and A	ddress of New Registere	d Agent		
MICHAEL W. MILLER 395 COMMERCIAL COURT, SUITE A VENICE FL 34292				Name Street Address (P.O. Box Number is Not Acceptable)						
			•							
	·····				City			<b>L</b>	Code	
	named entity ions of regist		or the purpose of ch	anging its register	red office or regis	stered agent, or both,	in the State of Florida. I a	m familiar v	with, and accept	
the obligat	ons or region	orod agont.								
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	·			DAT			
9. Capital Contributions as Shown on record. \$242,500.00 in FLORIDA to date				ibutions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
	A (	General Partners M.	AY NOT be chang	IESS ENTITY Need on the form	MUST BE REG n; an amendm	ent must be filed	TIVE WITH THIS OFFI to change a general p	artner.		
12. GENERAL PARTNER INFORMATION				13.	·	SCIODI SCIOSES				
DOCUMENT #	F47892 TANDEM MANAGEMENT CORP. 395 COMMERCIAL COURT, SUITE A VENICE FL 34292			STR	REET ADDRESS					
NAME STREET ADDRESS										
CITY-ST-ZIP				CIT	Y-ST-ZIP					
DOCUMENT # NAME	   Halpin, [	DAVID J		STF	REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	DORESS 3459 SEAGRAPE DRIVE			CITY	Y-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 signalure 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:**