(850) 763-5417 Daytime Phone #

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2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR)
	<b>—</b>		;	. — ,

DOCUMENT # A20993  1. Entity Name								51
THUNDERBIRDS II, LTD.					FILED			Ħ
Principal Place of Business C/O ERIC JENKINS 2611-B WEST 23RD STREET PANAMA CITY FL 32405		Mailing Address C/O ERIC JENKINS 2611-8 WEST 23RD STREET PANAMA CITY FL 32405		O1 APR 11 PM 1: 15  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number 59	-2588146	Applied For Not Applicate	ole
Zip	Country	Zip	Cour	ntry	5. Certificate of Sta	tus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Addre	ess of New Registered	Agent	$\Box$
JENKINS, ERIC A. 2611-B WEST 23RD STREET				Name Street Addres	ess (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32405			City			FL	Zip Code	$\dashv$
8. The above	named entity submits this statement	for the purpose of changing	ng its register	l ed office or regis	stered agent, or both, in the			
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: Registers	ed Agent signature req	uired when reinstating)	DATE		
9. Capital Co	ntributions \$970 900 00	10. Amount of in FLORIDA	Capital Contri		<del>-</del>	MAKE CHECK PAYABLE SEE REVERSE SIDE FO		$\exists$
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINES	S ENTITY N			E WITH THIS OFFICE	E.	
12.		ER INFORMATION	13.			ADDRESS CHANGES ON		$\dashv$
STREET ADDRESS	JENKINS, ERIC A. 2611-B WEST 23RD STREET			Y-SI-ZIP	"h a' "s :	illani kalilka eskatila esk	oda samula komuni wa sa	
CITY-ST-ZIP DOCUMENT #	PANAMA CITY FL F930000000006		610	REET ADDRESS	.4. 1_11	0004014 - 04/18/01-	Ü1013013	
NAME STREET ADDRESS CITY-ST-ZIP	ASR-77 SECURITIES, INC. 1156-15TH STREET, N.W.			Y-ST-ZIP	****526.25 ****526.2			
DOCUMENT #	WASHINGTON DC		TE	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	i		CIT	Y-ST-ZIP				
DOCUMENT # NAME			STI	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			cn	IY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			cn	TY-ST-ZIP				
DOCUMENT # NAME			ST	REET ADDRESS		<u> </u>		
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP				
indicatéd	certify that the information supplied v d on this report is true and accurate a ver or trustee empowered to execute	ind that my signature shall	I have the sar	ne legal effect as	s if made under oath; that			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER