312.516.5700 Daytime Phone #

2/12/01 Date

2001	UNIFORM	BUSINESS	REPORT ((UBR)
				, — — - ,

DOCUI	MENT # A25 3	881				
LAKEWEST EQUITY PROPERTIES II, LTD.					FILED	
Principal Place of Business C/O ATLAS PARTNERS 5 E. MONROE. SUITE 1890 CHICAGO IL 60603		C/O ATLAS F 55 E. MONRO	Mailing Address C/O ATLAS PARTNERS 55 E. MONROE. SUITE 1890 CHICAGO IL 60603		O1 MAR -2 AM IO 53 SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business 3. Mailii		3. Mailing Ac	Idress			
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & Stat	City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Cos	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Cur	rent Registered Age	nt	Name	7. Name and Address of New Registered Agent	
ALTES, MICHAEL A 4465 WOODMERE STREET JACKSONVILLE FL 32210				Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
	named entity submits this stateme			FL		
SIGNATURE 9. Capital Co as Shown	on record.) 10. Am in F	ount of Capital Con LORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTN NOTE: General Partners	ER THAT IS A BUS MAY NOT be cha	SINESS ENTITY anged on the for	MUST BE REGI m; an amendm	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RUTTENBERG, ROGER F. 55 E. MONROE, SUITE 1890			TREET ADDRESS		
DOCUMENT #	849233 LAKEWEST EQUITY, INC.		s	TREET ADORESS		
STREET ADDRESS	STREET ADDRESS 55 E. MONROE, SUITE 1890		С	ITY-ST-ZIP	,	
DOCUMENT / NAME	511107100 12 00000		S	TREET ADDRESS	500003803413-5 -03/06/0101123001	
STREET ADDRESS CITY-ST-ZIP			c	ITY-ST-ZIP	****141.25 ****141.25	
DOCUMENT #			s	TREET ADORESS		
STREET ADDRESS CITY-ST-ZIP			c	SITY-ST-ZIP		
DOCUMENT # NAME			s	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			c	CITY-ST-ZIP		
DOCUMENT # NAME			s	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	T-ZIP			CITY-ST-ZIP		
14. I hereby indicated the received	certify that the information supplied on this report is true and accurate over or trustee empowered to execu	d with this filing floes e and that my si matu ite this report at requ	not qualify for the e ire shall have the sa ired by Chapter 620	exemption stated in time legal effect as 0, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: