DOCU	MENT # A2538	1			}		
LAKEWEST EQUITY PROPERTIES II, LTD.					FILED		
					2002 FEB 26 PM 5: 24		
Principal Place of Business C/O ATLAS PARTNERS 55 E. MONROE. SUITE 1890 CHICAGO IL 60603		Mailing Address C/O ATLAS PARTNERS 55 E. MONROE. SUITE 1850 CHICAGO IL 60603		DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA			
Principal Place of Business Address Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DUE BY MAY 1, 2002		
City & Sta	ite	City & State		4. FEI Number	36-3493119	Applied For Not Applicable	
Zip Country Zip			Countr	У	5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent Name			
ALTES, MICHAEL A				Street Address (P.O. Box Number is Not Acceptable)			
4465 WOODMERE STREET 4219 Lexington Avenue JACKSONVILLE FL 32210			-				
DADINGONVILLE PE 02210			-	City FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	d office or register	ed agent, or both,	in the State of Florida.	1
SIGNATURE			,				
9. Capital Co	Signature, typed or printed name of registered agent an ontributions	10. Amount of Capital	Contribu	ıtions		11. MAKE CHECK PAYABLE	TO DEDT OF STATE
as Shown	on record.	in FLORIDA to date	е.			SEE REVERSE SIDE FO	R FEE INFORMATION
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS ENTI Y NOT be changed on the	ITY MU ∍ form;	IST BE REGIST an amendmen	ERED AND AC t must be filed	TIVE WITH THIS OFFICE to change a general part	E. tner.
12.	GENERAL PARTNER		13.			ADDRESS CHANGES ON	
DOCUMENT # NAME	RUTTENBERG, ROGER F.			ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1		CITY-S	T-ZIP			
DOCUMENT # NAME	849233 LAKEWEST EQUITY, INC.			ADDRESS	8000050416884 -83/04/82 01104012		
STREET ADDRESS CITY-ST-ZIP	55 E. MONROE, SUITE 1890 CHICAGO IL 60603		CITY-S	:T-Z P	-03/04/02 01104U-/ ****141.25 ****141.25		
DOCUMENT # NAME			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP			
DOCUMENT # NAME STREET ADDRESS				ADDRESS		**	
CITY-ST-ZIP			CITY-S				
NAME .			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	T-ZIP		5u	
DOCUMENT # NAME	A		STREET	ADDRESS		·	
STREET ADDRESS CITY-ST-ZIP			CITY-S				
	certify that the information supplied with to on this report is true and accurate and the er or trustee empowered to execute this	his lling does not qualify for the nat my signature shall have the report as required by Chapter	e exemple same (c) 620, Flo	otion stated in Sec egal effect as if ma orida Statutes	tion 119.07(3)(i), Fade under oath; th	Florida Statutes. I further cert at I am a General Partner of	ify that the information the limited partnership o

SIGNATURE:

Roger F. Ruttenberg

2/4/02

312/516-5702

CR2E003 (9/01)