CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

## A26310 DOCUMENT #

1. Entity Name FOUNDATION REALTY FUND. LTD. II



FILED

2003 FEB 17 AMII: 09 Principal Place of Business 1100 ABERNATHY RD. NE DIVISION OF CORPORATIONS Mailing Address 1100 ABERNATHY RD. NE TALLAHASSEE, FLORIDA NORTHPARK 500. SUITE 700 NORTHPARK 500.SUITE 700 ATLANTA GA 30328 ATLANTA GA 30328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-2884635 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RJ PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) **800 CARILLON PARKWAY** ST. PETERSBURG FL 33716 City 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 Signature, typed or printed name of registered agent and title if applicable. .9. Capital Contributions 10. Amount of Capital Contributions \$2,082,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT, OF STATE as Shown on record. in FLORIDA to date 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 13. ADDRESS CHANGES ONLY 667885 DOCUMENT # STREET ADDRESS RJ PROPERTIES, INC. NAME STREET ADDRESS 880 CARILLON PARKWAY CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL DOCUMENT # 400012593384 STREET ADDRESS NAME LOVE, J. ROBERT 02/17/03--01043--029 1100 ABERNATHY RD. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 J96712 DOCUMENT # STREET ADDRESS RAYMOND JAMES PARTNERS NAME 880 CARILLON PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS , Name STREET ADDRESS CITY-ST-ZIP CÎTY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #