## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26316  1. Entity Name					r Plefil
US SWISSINCOME II LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place 3350 RIVERWO SUITE 1500 ATLANTA GA	Mailing Address 3350 RIVERWOOD PKWY. SUITE 1500 ATLANTA GA 30339-3399	350 RIVERWOOD PKWY. SUITÉ 1500		00 FEB 22 AH 10: <b>20</b>	
2. Principal P	3. Mailing Address	ng Address		T TO A TOTAL THE STATE OF THE S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State	City & State		4. FEI Number 59-2904558 Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	-	Name	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
9. Capital Contributions as Shown on record.  \$3,680,000.00  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE INFORM.					
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.	T	ADDRESS CHANGES ONLY
DOCUMENT # .  NAME  STREET ADDRESS  CITY ST. 7/D	BVT REAL ESTATE DEVELOPMENT, INC. 3350 CUMBERLAND CIRCLE, SUITE 1500				50 Riverwood Plug St 1500 Hanta, GA 30339
DOCUMENT#	ATLANTA GA 30339		STR	EET ADDRESS	(41)4,01. 00221
NAME STREET ADDRESS				/-ST-ZIP	2/20/02
DOCUMENT#			STR	FET ADDRESS	- 2/24/CO
NAME STREET ADDRESS			спу	r-ST-ZIP	
DOCUMENT #			STR	EET ADDRESS	<b>2000 3155 35 37 37 37 37 37 37 37 37</b>
NAME STREET ADDRESS CITY - ST - ZIP			СПУ	/-ST-ZIP	*****3 <u>68.63</u> ***** <u>0</u> 60.65
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STREET ADDRESS			CITY	r-st-zip	
DOCUMENT# NAME			STR	EET ADDRESS	
STREET ADDRESS CITY - ST - ZIP				/-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: VSICHURARE (10120-TM) 2.16-00 770.68-3502					

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER