

DOCUMENT #		A26316	
1. Entity Name			
US SWISSINCOME II LTD.			
Principal Place of Business		Mailing Address	
3350 RIVERWOOD PKWY.		3350 RIVERWOOD PKWY.	
SUITE 1500		SUITE 1500	
ATLANTA GA 30339		ATLANTA GA 30339-3399	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name
			Street Address ( )
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for change of office or agent.)</small>			
9. Capital Contributions as Shown on record.		\$3,680,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION			
DOCUMENT #	F93000000104	STREET ADDRESS	33
NAME	BVT REAL ESTATE DEVELOPMENT, INC.	CITY - ST - ZIP	ATLANTA GA 30339
STREET ADDRESS	3350 CUMBERLAND CIRCLE, SUITE 1500		
CITY - ST - ZIP	ATLANTA GA 30339		
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STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.21, Florida Statutes, and that the information on this report is true and accurate and that my signature shall have the same legal effect as if I were 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			

DO NOT WRITE IN THIS SPACE

**SIGNATURE:** Signature Required 2-16-00 770-68-3502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)