


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013307 AT

DOCUMENT # A27864	
1. Entity Name SOUTH ATLANTIC VENTURE FUND II, LIMITED PARTNERS HIP	

FILED
03 APR 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 614 WEST BAY STREET SUITE 200 TAMPA FL 33606-2704	Mailing Address 614 WEST BAY STREET SUITE 200 TAMPA FL 33606-2704
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 59-2920928	Applied For. <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURTON, DONALD W. 3603 BAYSHORE BLVD. TAMPA FL 33629	
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7. Name and Address of New Registered Agent	
Name	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$39,750,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	A27865	STREET ADDRESS	
NAME	SOUTH ATLANTIC VENTURE PARTNERS II, LIMITED	CITY-ST-ZIP	
STREET ADDRESS	614 W BAY STREET #200		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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B/K

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: <u>SIGNATURE REQUIRED</u> Donald W. Burton	4/21/03	813-253-2500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		
<small>Date Daytime Phone #</small>		

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STAPLE CHECK HERE