

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28739

1. Entity Name
D & C - North Broward II Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 AM 9:01

Principal Place of Business
c/o Halliday Group Realty Management, Inc.
1100 SE Third Ave., 2nd Flr.
Fort Lauderdale, FL 33316-1110

Mailing Address
c/o Halliday Group Realty Management, Inc.
1100 SE Third Ave., 2nd Flr.
Fort Lauderdale, FL 33316-1110

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | | |
|--|--|--|
| 4. FEI Number 65-0155140 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent Curran, Derrance W. 790 E. Broward Blvd., Suite 200 Fort Lauderdale, FL 33301 | | 7. Name and Address of New Registered Agent Name Robert F. Dwors Street Address (P.O. Box Number is Not Acceptable) 1 South Victoria Park Road City Fort Lauderdale FL Zip Code 33301 | |
|--|--|--|--|

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  DATE 4-19-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$93,931.25 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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 | |
|---------------------------------|---------------------------------|--------------------------|---------------------------------|
| DOCUMENT # | NAME | STREET ADDRESS | 1015 SE 16 Street |
| STREET ADDRESS | 790 E. Broward Blvd. | CITY-ST-ZIP | Fort Lauderdale, FL 33316 |
| CITY-ST-ZIP | Fort Lauderdale, FL | | |
| DOCUMENT # | NAME | STREET ADDRESS | 1 South Victoria Park Road |
| STREET ADDRESS | 790 E. Broward Blvd. | CITY-ST-ZIP | Fort Lauderdale, FL 33301 |
| CITY-ST-ZIP | Fort Lauderdale, FL | | |
| DOCUMENT # | NAME | STREET ADDRESS | 20609 Encanto Court |
| STREET ADDRESS | 790 E. Broward Blvd. | CITY-ST-ZIP | Boca Raton, FL 33433 |
| CITY-ST-ZIP | Fort Lauderdale, FL | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | 300003324053--9 |
| CITY-ST-ZIP | | | -07/17/00--01113--027 |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | ****535.00 ****535.00 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-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:  DATE 4-19-00 (954) 767-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/99)