

2002 UNIFORM BUSINESS REPORT (UBR)

001154 AT

DOCUMENT # A28739

1. Entity Name
D & C NORTH BROWARD II, LTD.

FILED
02 FEB 13 PM 3: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O HALLIDAY GROUP REALTY MANAGEMENT, INC. 1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR FORT LAUDERDALE FL 33316-1110	Mailing Address C/O HALLIDAY GROUP REALTY MANAGEMENT, INC. 1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR FORT LAUDERDALE FL 33316-1110
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DUE BY MAY 1, 2002

4. FEI Number **65-0155140** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent DWORS, ROBERT F 1 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 CITY-ST-ZIP	CURRAN, DERRANCE W. 1015 S.E. 16TH STREET FT. LAUDERDALE FL 33316	STREET ADDRESS CITY-ST-ZIP	800005023268--7 -02/27/02--01023--004 ****535.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DWORS, ROBERT F. 1 SOUTH VICTORIA PARK ROAD FT. LAUDERDALE FL 33301	STREET ADDRESS CITY-ST-ZIP	
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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: *Robert F. Dwors* **REQUIRED** 1-25-02 (954) 767-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)