

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A29107

1. Entity Name
BRIARWOOD II, LTD.

Principal Place of Business
**7865 SOUTHSIDE BOULEVARD
JACKSONVILLE FL 32256**

Mailing Address
**7865 SOUTHSIDE BOULEVARD
JACKSONVILLE FL 32256**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.


City & State
City & State

Zip
Country

FILED

101 APR -2 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2972167**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SELIGMAN, KAREN J
7865 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$299,900.00**

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	SELIGMAN, SANFORD L 7865 SOUTHSIDE BLVD JACKSONVILLE FL 32256	STREET ADDRESS CITY-ST-ZIP	688803993786--1 -04/12/01--01028--021 ****535.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SELIGMAN, KAREN J 7865 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32256	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: *Karen J Seligman* **REQUIRED** *Seligman* **1/15/01** **904 642 1258**

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

CR2E003 (11/00)