2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A29185

FILED

2002 APR 29 PM 5:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. Entity Name

COMCO II, LTD.

Principal Place of Business	Mailing Address
8306 S. ORANGE AVENUE ORLANDO FL 32809	P.O. BOX 593800 ORLANDO FL 32859-3800

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 628202 Suite, Apt. #, etc.
City & State	City & State: Orlando, FL
Zip / Country	Zip: 32862-8202 / Country: USA

DUE BY MAY 1, 2002

4. FEI Number: 65-0165201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, ROBERT M., JR. P.O. BOX 593800 5571 JESSAMINE LANE ORLANDO FL 32859-3800	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,326,000.00		

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 #	198590	STREET ADDRESS	
NAME	HOWARD FERTILIZER CO INC	CITY-ST-ZIP	
STREET ADDRESS	8306 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME			-05/09/02--01022--008
STREET ADDRESS		CITY-ST-ZIP	****526.25 ****526.25
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: SIGNATURE REQUIRED 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #