

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29236**

1. Entity Name

**EDISON GARDENS (II), LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -5 PM 2:21

Principal Place of Business <b>645 N.W. 62ND STREET STE. 300 MIAMI FL 33150</b>	Mailing Address <b>645 N.W. 62ND STREET STE. 300 MIAMI FL 33150</b>
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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

4. FEI Number **65-0161518**      Applied For  
Not Applicable

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

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOLFE, LEON J., ESQ.~~  
~~100 SOUTHEAST 2ND STREET~~  
~~38TH FLOOR~~  
~~MIAMI FL 33131-2190~~

Name **Carol Gardner**  
Street Address (P.O. Box Number is Not Acceptable)  
**645 N.W. 62nd Street**  
**SUITE 300**  
City **MIAMI**      FL      Zip Code **33150**

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 *Carol Gardner*      **CAROL GARDNER, VP**      DATE 1/10/02

9. Capital Contributions as Shown on record. **\$2,621,080.00**      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	<b>J46201 TEDC/SHELL CITY, INC. 645 NW 62ND ST.,STE.300 MIAMI FL</b>	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>****535.00      ****535.00</b>
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DOCUMENT # NAME 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 *LORENZO SIMMONS*      **LORENZO SIMMONS**      1/16/02      305/757-3737

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

CR2E003 (9/01)

STAPLE CHECK HERE