# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 APR 30 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000042 SP

DOCUMENT # A30757

1. Entity Name

ARBOR STATION II, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 2750 OLD ST.AUGUSTINE RD<br>OFFICE<br>TALLAHASSEE FL 32312 | 2750 OLD ST.AUGUSTINE RD<br>OFFICE<br>TALLAHASSEE FL 32312 |

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

**DUE BY MAY 1, 2002**

4. FEI Number 63-1033749 ☐ 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 |
|---|---|
| BOOTH, EDGAR ESQ.<br>522 EAST PARK AVE.<br>TALLAHASSEE FL 32302 | Name John C. Kenny, Esq.<br>Street Address (P.O. Box Number is Not Acceptable) 241 East 6th Ave.<br>City Tallahassee FL Zip Code 32303 |

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 _____ 4/30/02
Signature, typed or printed name of registered agent and title if applicable. DATE

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $3,400,000.00 | | |

**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 # | P31581 | STREET ADDRESS | |
| NAME | ARBOR PROPERTIES, INC. | CITY-ST-ZIP | 000005481580--8 |
| STREET ADDRESS | 2750 OLD ST. AUGUSTINE RD. | | -05/07/02--01071--003 |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | | ****535.00 ****535.00 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | BK |
| NAME | | CITY-ST-ZIP | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| 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:** x _____ REQUIRED G. Thames, JR. x 4/30/02 x850-656-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)