2000	UNIFOR	M BUSI	NESS REPO	RT (UB	R)		2	
DOCUMENT # A30980  1. Entity Name						and the second of the second o	¥ 4	
BOUTIN	FAMILY LTD. II					FILED	·	
Principal Plac 1312 UNIVER FORT MYERS	RSITY DR		Mailing Address  1312 UNIVERSITY DR FORT MYERS FL 33907-571	16	01 S TA			
2. Principal P	lace of Business	s DRIUG	3. Mailing Address 8750 YLAOIC	LUS DE	)	-		
Suite, Apt. #, etc. Suite, Apt. #, etc. # / 0 2						DO NOT WRITE IN THIS SPACE		
City-& State Fort Myers FL			City & State Font Myon			4. FEI Number 65-0233708 Applied For Not Applicable		
Zip <b>3</b> 34	708 Count		33908	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Add	dress of Current R	egistered Agent	Name		7. Name and Address of New Registered Agent		
BOUTIN, URBAN 13131 UNIVERSITY DR FORT MYERS FL 33907					Address (	(P.O. Box Number is Not Acceptable)		
				City	_	FL Zip Code		
8. The above	named entity submits	s this statement for	the purpose of changing its re	egistered office of	or register	red agent, or both, in the State of Florida.		
SIGNATURE .	My	me of registrated extra	d title it envicable (NOTE:	Registered Agent signa	ature required	04-25-01 t when (a)notating) DATE		
Signature, typed or printed name of registered against and title it applicable. (NOTE: Re      Capital Contributions as Shown on record.  10. Amount of Capital Contribution in FLORIDA to date				Contributions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
-	A GENERA	AL PARTNER TH	IAT IS A BUSINESS ENT	ITY MUST BE	REGIST	TERED AND ACTIVE WITH THIS OFFICE.		
NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION				13.	endinen	ADDRESS CHANGES ONLY	_	
DOCUMENT # NAME STREET ADDRESS	GULF EASTERN CORPORATION 8750 GLADIOLUS DR., #102			STREET ADDRESS			(66/6) 2003	
CITY-ST-ZIP DOCUMENT #	FORT MYERS FL	33908		<b>4 4</b> . <b>-</b> .	<del>                                     </del>		CR2E003	
NAME STREET ADDRESS				STREET ADDRESS		4000044213342 -06/14/0101128019		
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DOCUMENT#	· <u></u>		<u> </u>	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
indicatéd	on this report is true a	and accurate and th	his filing does not qualify for t nat my signature shall have th report as required by chapte	e same legal effi	ect as if n	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or		

SIGNATURE: