

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31560

1. Entity Name

TOWN PLAZA II INVESTMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 PM 1:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1343 MAIN ST., FIFTH ST. SARASOTA FL 34236	Mailing Address 1343 MAIN ST., FIFTH ST. SARASOTA FL 34236-5637
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0261264	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANASOTA MANAGEMENT, INC. 1343 MAIN STREET, FIFTH FLOOR SARASOTA FL 34236
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$49,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	G66500
NAME	MANNAUSA DEVELOPMENT COMPANY
STREET ADDRESS	1343 MAIN STREET, 5TH FL
CITY - ST - ZIP	SARASOTA FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	nf 2/28/00
CITY - ST - ZIP	
STREET ADDRESS	100003170051--0
CITY - ST - ZIP	--03/14/00--01123--019
STREET ADDRESS	****444.00 ****444.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.14.00 941 365 1511
Date Daytime Phone #

CR2E003 (9/99)