200	O UNI	FORM BU	SIN	ESS REPO	DRT	(UB	R)	FILED	
		# A3160)2					Jan 24, 2000 08:00 AM	
1. Entity Name CALIFORNIA FOODS II, LTD.								Secretary of State	
		,							
Principal Place of Business			М	Mailing Address				•	
400 E. SOUTH ST., SUITE 500			400	400 E. SOUTH ST., SUITE 500					
ORLANDO FL 32801				ORLANDO 32801					
2. Principal Place of Business 450 S. ORANGE AVENUE				3. Mailing Address 450 S. ORANGE AVENUE					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State				City & State				4. FEI Number Applied For	
orlando Zip				ORLANDO Zip Coun		FL	59-3072746 Not Applicable		
32801		•	328	32801		iu y		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			
BOURNE ROBERT A 400 E. SOUTH ST., SUITE 401						BOURNE ROBERT A			
400 E. SOUI	н эт., эспт	Street Addres 450 S. ORANG				P.O. Box Number is Not Acceptable) AVENUE			
ORLANDO FL								· · · · · · · · · · · · · · · · · · ·	
32801 US						City Zip Code			
8. The above	named entity	y submits this statemer	nt for the p	urpose of changing its	registere	ORLAN		ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed	or printed name of rogistered a	gent and title i	applicable (NOTE	E Registore	d Agent signal	ne redriked	01/24/2000	
9. Capital Contributions 10. Amount of Capital as Shown on record. 2,000,000.00 in FLORIDA to dat						outions	0	11: MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	AC	GENERAL PARTNE	RTHAT	S A BUSINESS EN	TITY M	UST BE	REGIST	FRED 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 #						CT 1000000			
VAME	CNL GROWTH PARTNERS, INC.			51#2		ET ADDRESS 450 S. (ORANGE AVENUE	
STREET ADDRESS CITY-ST-ZIP	400 E. SOUTH ST., #500 ORLANDO			FL. CITY.		-ST-ZIP	ORLAI	NDO FL 32801	
DOCUMENT # NAME					STRE	et adoress			
STREET ADDRESS CITY-ST-ZIP					CITY	•ST-ZIP			
DOCUMENT # NAME					STRE	et address			
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			
DOCUMENT # NAME					STRE	et address			
STREET ADORESS CITY-ST-ZIP					CITY-	ST-ZIP			
DOCUMENT # NAME					STRE	et address			
STREET ADDRESS CITY-ST-ZIP					City -	ST-ZIP			
document 4 Vame					STREE	T ADDRESS		·····	
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP			
				ng does not qualify for y signature shall have to t as required by Chapte				ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	