

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32674**

1. Entity Name

SANDAB COMMUNICATIONS LIMITED PARTNERSHIP II

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33

Principal Place of Business % ROCKLAND INVESTMENTS, INC. 2201 OLD COURT ROAD BALTIMORE MD 21208	Mailing Address % ROCKLAND INVESTMENTS, INC. 2201 OLD COURT ROAD BALTIMORE MD 21208-3420
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DO NOT WRITE IN THIS SPACE

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 52-1762353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FROTHINGHAM, SCOTT
5551 MONTILLA DR. S.W.
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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. \$2,000,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P37863	NAME SANDAB COMMUNICATIONS II INC.	STREET ADDRESS	
STREET ADDRESS 2201 OLD COURT ROAD		CITY - ST - ZIP	900003306949--4
CITY - ST - ZIP BALTIMORE MD			06/28/00 01004 021
DOCUMENT #		STREET ADDRESS	***376.25 ***376.25
NAME		CITY - ST - ZIP	900003306949--4
STREET ADDRESS			06/28/00 01004 022
CITY - ST - ZIP		STREET ADDRESS	***150.00 ***150.00
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
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CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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]* **SIGNATURE REQUIRED** *[Signature]* **4/13/20** **410-828-4780**

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