

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000076**

1. Entity Name  
**LAND DEVELOPMENT ASSOCIATES II, LTD.**



FILED

03 MAR 28 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1601 BELVEDERE RD.  
SUITE 407  
WEST PALM BEACH FL 33406**

Mailing Address  
**1601 BELVEDERE RD.  
SUITE 407  
WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0366975**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, WILLIAM A  
1601 BELVEDERE ROAD  
SUITE 407  
WEST PALM BEACH FL 33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **671731**  
NAME **WAM MANAGEMENT, INC.**  
STREET ADDRESS **1601 BELVEDERE RD., STE. 407**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

STREET ADDRESS

CITY-ST-ZIP

**600014678306**  
**03/25/03--01039--008 \*\*263.75**

DOCUMENT #  
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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

**3/21/2003 (521) 689-6602**  
Date Daytime Phone #

CR2E003 (10/02)

001742 AT