2002 UNIFORM BUSINESS REPORT (UBR)

				<u> </u>	_	
DOCUMENT # A9300000253 1. Entity Name					FILED	
ACTIVE INVESTORS II, LTD.				,	02 MAR 15 AM 9: 33	
1. Entity Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
•			8			
2. Principal P	lace of Business	3. Mailing Address			T TERMEN 1948 FINAL INNI BENG ERIKI BUNI BUNI BUNIK BUNIK BUNIK BUNIK KIRKI KINDA NAKERI BANG NAKERI BANG PARA Tangan bang bang bang bang bang bang bang	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		City & State	City & State		4. FEI Number 65-0123506 Applied For Not Applicable	
Zip			Coun	try	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	
ONIOCO ALDI N				Name		
865 SW 78TH AVE., SUITE 100				Street Address (P.O. Box Number is Not Acceptable)	
PLANTAT	ION FL 33324		İ			
				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 Signature, typed or printed name of registered agent and title if applicable.						
9. Capital Co as Shown of		10. Amount of Capi in FLORIDA to		outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the fo						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY						
DOCUMENT #	637242	7242		ET ADDRESS		
NAME	FUNDAMENTAL MANAGEMENT CORP. 8567 CORAL WAY #138		01/12			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33155		CITY	CITY-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS	3000051459433 -03/22/0201035019	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP	****535.00 ****535.00	
DOCUMENT # NAME	er e r e saar se sa		STRE	ET ADDRESS		
STREET ADDRESS (CITY	-ST-ZIP	····	
DOCUMENT / NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZiP		
DOCUMENT # NAME		•	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
14. I hereby o	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 receiv	er or trustee empowered to execute thi	s report as required by Chap	oter 620, F	Florida Statutes	ado under outil, that i am a deneral rainter of the limited partnership t	