

0014608 AT

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000380



1. Entity Name
FLORIDA CAPITAL INCOME FUND II, LTD.

Principal Place of Business
GROVE AT LAKELAND SQUARE
3570 US HWY 98 N
LAKELAND FL 33809

Mailing Address
GROVE AT LAKELAND SQUARE
3570 US HWY 98 N
LAKELAND FL 33809

FILED

2003 FEB 28 AM 2:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0438421	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND FL 33809		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. \$99.00	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 #	P95000007305	STREET ADDRESS	
NAME	BARON CAPITAL IV, INC.	CITY-ST-ZIP	
STREET ADDRESS	7826 COOPER RD		
CITY-ST-ZIP	CINCINNATI OH 45242		
DOCUMENT #		STREET ADDRESS	800013271568
NAME		CITY-ST-ZIP	02/28/03--01050--016 **150.00
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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:	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (10/02)