

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000492

1. Entity Name
HOMESTEAD HOUSING PARTNERSHIP II, LTD.

Principal Place of Business
120 S OLIVE AVE
#300
WEST PALM BEACH FL 33401

Mailing Address
120 S OLIVE AVE
#300
WEST PALM BEACH FL 33401-5532

FILED *WR 8/8*
00 AUG -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0637239**

Applied For
Not Applicable

Zip Country

Zip Country

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

**WOLFE, LEON J ESQ.
C/O BERMAN WOLFE & RENNERT
100 S.E. 2ND STREET
MIAMI FL 33131-2130**

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. **\$3,694,642.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,018,960**

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P93000082822 THE RICHMAN GROUP OF FLORIDA, INC. 120 S OLIVE AVE #300 WEST PALM BEACH FL 33401
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	FF \$526.25
STREET ADDRESS CITY - ST - ZIP	000003344310--2 -08/02/00--01075--014 ***526.25 ***526.25
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
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: *CHARLES L. KRAEMER* ASSISTANT TREASURER **4/24/00** **203-869-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CHARLES L. KRAEMER

CR2E003 (9/99)