

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A93000000492  
 1. Entity Name  
**HOMESTEAD HOUSING PARTNERSHIP II, LTD.**

**FILED**  
 01 MAY -2 PM 12:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**319 Clematis Street 319 Clematis Street**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 901 Suite 901**  
 City & State City & State  
**West Palm Beach, FL West Palm Beach, FL**

Zip Country Zip Country  
**33401 33401**

4. FEI Number Applied For  
**65-0637239** Not Applicable  
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WOLFE, LEON J. ESQ.**  
**C/O BERMAN WOLFE & RENNERT**  
**100 SE 2ND STREET**  
**MIAMI, FL 33131**

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  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record **\$4,018,960.00** 10. Amount of Capital Contributions in FLORIDA to date **\$4,018,960.00** 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 # **P93000082822**  
 NAME **THE RICHMAN GROUP OF FLORIDA, INC.**  
 STREET ADDRESS **120 S OLIVE, SUITE 300**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

13. ADDRESS CHANGES ONLY  
 STREET ADDRESS **319 CLEMATIS STREET**  
 CITY-ST-ZIP **SUITE 901 WEST PALM BEACH, FL 33401**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP  
**100004301921--4**  
**-05/23/01--01036--027**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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 CITY-ST-ZIP

11. 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 Krafnick* **Charles Krafnick, Asst. Treas.** 4/27/01 203-869-0900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #