

2002 UNIFORM BUSINESS REPORT (UBR)

0002891 AV

DOCUMENT # A93000000492

1. Entity Name
HOMESTEAD HOUSING PARTNERSHIP II, LTD.

FILED
02 FEB 28 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
319 CLEMATIS STREET, SUITE 901 **319 CLEMATIS STREET, SUITE 901**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

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

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

7. Name and Address of New Registered Agent

Name **The Richman Group of Florida, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **319 Clematis St. #901**
 City **West Palm Beach** FL Zip Code **33401**

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 **Resident** DATE

9. Capital Contributions as Shown on record. **\$4,018,960.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	319 CLEMATIS STREET, SUITE 901
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000005041920--9
CITY-ST-ZIP	-03/04/02--01116--002
	***1578.75 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

#526.25

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: **Resident**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)