2001 UNIFORM BUSINESS REPORT (UBR)												
DOCUMENT # A9300000566												
QUAIL II LIMITED PARTNERSHIP						ILE	D					
Principal Plac	e of Busines	iling Address 01	JAN	29	AM II:	þO						
3033 RIVIERA DRIVE SUITE 201 NAPLES FL 34103				3033 RIVIERA DRIVE SUITE 201 NAPLES FL 34103 TALLAHASSE				A				
2. Principal Place of Business				3. Mailing Address) 	8 	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE IF	N THIS SPACE		
City & State				City & State				4. FEI Number				
Zip	Country			Zip Coun		try		5. Certificate of Status Desired Fee Requ		Additional quired		
6. Name and Address of Current Registered Agent						Nam	е .	7. Name and A	ddress of New Regi	stered Agent		
BUDD, DAVID G						 - -		ress (P.O. Box Number is Not Acceptable)				
3033 RIVIERA DRIVE, SUITE 201 NAPLES FL 34103						900003654959-					91	
NAPLES PL 34103						-02/06/0101110005 City ****141. FL ************************************						
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: F							gnature required	when reinstating)	11. MAKE CHECK P	PAYABLE TO DE	PT. OF STATE	
as Shown on record. \$20.00 in FLORIDA to dat A GENERAL PARTNER THAT IS A BUSINESS ENT						UCT D	\$20					
	NOTE	: General Partners MA	A NO.	T be changed on th	e form	; an a	mendmen	t must be filed	to change a gene	rai partner.		
12. GENERAL PARTNER INFORMATION						1	<u></u>		ADDRESS CHANG	GES ONLY	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME	416713 MANCHESTER INVESTMENTS, INC 3033 RIVIERA DRIVE, SUITE 201 NAPLES FL 34103). 		EET ADDRE	SS					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP	,		-	****		
DOCUMENT # NAME	P9200001				STRE	EET ADDRE	ss					
STREET ADDRESS CITY-ST-ZIP	BENJAMIN OF NAPLES, INC. 3033 RIVIERA DRIVE, SUITE 201 NAPLES FL 34103			CIT								
DOCUMENT # NAME	P92000000	8311 NAPLES, INC.			STRE	EET ADDRE	ss		3.H-			
STREET ADDRESS CITY-ST-ZIP		Era drive, suite 201			ČITY	-ST-ZIP	-;					
DOCUMENT # NAME					STRE	eet addre	ss					
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STREET ADORESS CITY-ST-ZIP	<u>i</u>			CiTY								
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 MANCHESTER TRYESTERMENTS. TRYESTERMENTS.												

SIGNATURE:

1/26/01

(941) 263-7700