APPRUVE

FIRED

2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A93000000566 **DOCUMENT #**



1. Entity Name 03 MAR 10 AM 11: 12 QUAIL II LIMITED PARTNERSHIP SECRETARY OF SHATE RACEAHASSEE, FLORIDA Principal Place of Business 3033 RIVIERA DRIVE Mailing Address 3033 RIVIERA DRIVE SUITE 201 SUITE 201 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State Applied For City & State 4. FEI Number 59-2805973 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUDD, DAVID G Street Address (P.O. Box Number is Not Acceptable) 3033 RIVIERA DRIVE, SUITE 201 NAPLES FL 34103 City 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, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$20.00 \$20.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # 000013723580 STREET ADDRESS MANCHESTER INVESTMENTS, INC. NAME 3033 RIVIERA DRIVE, SUITE 201 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP P92000011329 **DOCUMENT #** STREET ADDRESS BENJAMIN OF NAPLES, INC. NAME 3033 RIVIERA DRIVE, SUITE 201 STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 P92000008311 DOCUMENT # STREET ADDRESS LINDA OF NAPLES, INC. NAME 3033 RIVIERA DRIVE, SUITE 201 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

3/5/03

(239) 263-7700

Daytime Phone #

CR2E003 (10/02)