

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018698 AB

DOCUMENT # A93000001380

1. Entity Name

PRAXIS OF DEERFIELD BEACH II, LTD.

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1111 S.W. 15TH STREET  
DEERFIELD BEACH FL 33441

Mailing Address

3105 WEST SCENIC DRIVE  
DANIELSVILLE PA 18038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0451188

Applied For

Not Applicable

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

BRADY & BRADY PA  
370 N. CAMINO GARDENS BLVD.  
SUITE 200C  
BOCA RATON FL 33432

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,574,300.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # N42380  
NAME NEW HORIZON COMMUNITY DEVELOPMENT CORP.  
STREET ADDRESS 2331 N. STATE RD. 7, #201  
CITY-ST-ZIP LAUDERHILL FL 33313

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P93000086360  
NAME LRH, INC.  
STREET ADDRESS 3105 W. SCENIC DR.  
CITY-ST-ZIP DANIELSVILLE PA 18038

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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\*\*\*\*535.00 \*\*\*\*535.00

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: *Stephanie M. Cole*  
*Stephanie M. Cole* Partner

4/29/02 610 8376280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE