

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A93000001419
 1. Entity Name
CITADEL II LIMITED PARTNERSHIP

FILED

Principal Place of Business Mailing Address
1515 N. FEDERAL HWY., SUITE 306 **1515 N. FEDERAL HWY., SUITE 306**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 Applied For
65-0455736 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENSHEIMER, MARK A
1515 N. FEDERAL HWY., SUITE 306
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name: **Gensheimer, Mark A.**
 Street Address (P.O. Box Number is Not Acceptable): **1515 N. Federal Hwy., Suite 306**
 City: **Boca Raton** State: **FL** Zip Code: **33432**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,000,000.00

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 #	P93000087835
NAME	CITADEL II, INCORPORATED
STREET ADDRESS	1515 N. FEDERAL HWY., SUITE 306
CITY-ST-ZIP	BOCA RATON FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004104116--5
CITY-ST-ZIP	-05/01/01--01115--027
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mark A. Gensheimer* Date: 4/16/01 Daytime Phone # _____

CR2E003 (11/00)