

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003793 AV

DOCUMENT # A93000001419
 1. Entity Name
CITADEL II LIMITED PARTNERSHIP



FILED
 03 MAY -6 AM 9:30
 SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA



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

Mailing Address
 1515 N. FEDERAL HWY., SUITE 306
 BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0455736**

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

7. Name and Address of New Registered Agent

GENSHEIMER, MARK A
1515 N. FEDERAL HWY., SUITE 306
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

STREET ADDRESS	CITY-ST-ZIP

100018295701
 05/06/03--01067--004 ##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: *MARK GENSHEIMER*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARK GENSHEIMER
 561-750-1030

Date **5/01/03** Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)