2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: A94000000215

1. Entity Name

SPS ASSOCIATES II, LTD.

FILED

01 APR 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
603 INDIAN ROCKS RD. BELLEAIR, FL. 34616-2056	603 INDIAN ROCKS RD BELLEAIR, FL 34616-2056

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3218115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUGGLES, THOMAS W.
603 INDIAN ROCKS RD.
BELLEAIR, FL 34616-2056

7. Name and Address of New Registered Agent

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $ 73,500.00

10. Amount of Capital Contributions in FLORIDA to date. $ 73,500.00

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 #	P94000014634	STREET ADDRESS	
NAME	49TH STREET NORTH CORPORATION		
STREET ADDRESS	603 INDIAN ROCKS RD.	CITY-ST-ZIP	100004213671--2
CITY-ST-ZIP	BELLEAIR, FL 34616-2056		-05/11/01--01153--024
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CITY-ST-ZIP			

CR2E003 (11/00)

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

S. Leonard Salkins

SIGNATURE: 49TH STREET NORTH CORPORATION 4/26/01 (410)356-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #