

2000 UNIFORM BUSINESS REPORT (UBR) APPROVED AND FILED

DOCUMENT # A94000000311

1. Entity Name

SUNSHINE PORTFOLIO, LTD. II

00 APR -3 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1777 NORTHEAST EXPRESSWAY, SUITE 145
ATLANTA GA 30329

Mailing Address

1777 NORTHEAST EXPRESSWAY, SUITE 145
ATLANTA GA 30329-2440



2. Principal Place of Business

3340 Peachtree Rd. NE

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, Georgia

Zip

30326

Country

U.S.

3. Mailing Address

3340 Peachtree Rd. NE

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, Georgia

Zip

30326

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3229440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAITA REAL ESTATE, INC.
8130 BAYMEADOWS WAY WEST
SUITE 302
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7400 Baymeadows Way

Suite 107

City

Jacksonville

FL

Zip Code

32256

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,063,248.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 732,970

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 # F94000000215
NAME BAITA REAL ESTATE, INC.
STREET ADDRESS 1777 NORTHEAST EXPRESSWAY, SUITE 225
CITY - ST - ZIP ATLANTA GA 30329

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE REQUIRED RETO J. SCHNEIDER

3-7-00

678.686.6778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)