526.25 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400000551 1. Entity Name NIVERSAL HOUSING II, LTD.				FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS	
	e of Business LAGLER DRIVE BEACH FL 33401		ailing Address DO NORTH FLAGLER DRIVE JEST PALM BEACH FL 33401-3720		00 APR 26 AM 3: 05
2. Principal Place of Business . 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 65-0484010 Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	legistered Agent		Name	7. Name and Address of New Registered Agent
ARSENAULT, GERARD				Street Address (P.O. Box Number is Not Acceptable)	
800 N. FLAGLER DRIVE				Street Address	(1.0. Box Hamber is Not Acceptable)
WEST PALM BEACH FL 33401				City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature) 9. Capital Contributions \$500,000.00 10. Amount of Capital Contributions					DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown on record. as Shown on record. as Shown on record. 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 ger					ent must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION WI # P94000029942				ADDRESS CHANGES ONLY
NAME STREET ADDRESS	UNIVERSAL HOUSING ASSOCIATES II, INC.			FET ADDRESS	3000032606334
CITY-ST-ZIP DOCUMENT#			STR	EET ADDRESS	05/19/00 01128 020 ****\$26.25 *****526.25
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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 Charger 620, Florida Statutes					