

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021363
FP

DOCUMENT # A95000000129

1. Entity Name
BLUE NILE II LIMITED PARTNERSHIP



FILED

2003 JUL -8 PM 4:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
8100 C.R. 44 LEG-A
LEESBURG FL 34788

Mailing Address
8100 C.R. 44 LEG-A
LEESBURG FL 34788

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3290422

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

SEDDIC, MOUSTAFA M.D.
8100 CR 44 LEG-A
LEESBURG FL 34748

Name ISMAIL, AKRAM

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

8100 CR 44 Leg A

City

Leesburg

FL

Zip Code

34788

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

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

DATE

4/30/03

9. Capital Contributions as Shown on record.

\$80,000.00

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 # P94000090372
NAME BLUE NILE II, INC.
STREET ADDRESS 8100 C.R. 44 LEG-A
CITY-ST-ZIP LEESBURG FL 34788

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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000017922900

05/05/03--01004--010 **437.50

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03

Date

352-323-8868

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE