2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000000555

1. Entity Name

MYSTIC POINTE II LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:43

Principal Place of Business	Mailing Address
5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608	5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608-5371

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 59-3413037 — Applied For / Not Applicable

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
DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY FL 32669	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 _____ 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. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME: DAVIS, RONNIE C STREET ADDRESS: 5700 S.W. 34TH STREET, SUITE 1307 CITY-ST-ZIP: GAINESVILLE FL 32608	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: DAVIS, STEFAN M STREET ADDRESS: 5700 S.W. 34TH STREET, SUITE 1307 CITY-ST-ZIP: GAINESVILLE FL 32608	STREET ADDRESS CITY-ST-ZIP: 100000313834 1--6 -02/17/00--01039--012 ****1050.00 ****150.00
DOCUMENT # A95000000823 NAME: DAVIS HERTIAGE, LTD. STREET ADDRESS: 5700 S.W. 34TH STREET, SUITE 1307 CITY-ST-ZIP: GAINESVILLE FL 32608	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP: BK	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME 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: STATUS REQUESTED 2/4/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #