

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000555**

1. Entity Name
MYSTIC POINTE II LTD.

FILED

02 MAY -6 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
20725 S.W. 46TH AVENUE
NEWBERRY FL 32669

Mailing Address
20725 S.W. 46TH AVENUE
NEWBERRY FL 32669



2. Principal Place of Business
20721 SW 46th Ave

3. Mailing Address
20721 SW 46th Ave

DUE BY MAY 1, 2002

City & State

4. FEI Number **59-3413037**

Applied For
Not Applicable

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

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

9. Capital Contributions as Shown on record. **\$7,057,537.00**

10. Amount of Capital Contributions in FLORIDA to date. **7,057,537.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A95000000823 DAVIS HERTIAGE, LTD. 5700 S.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	20725 SW 46th Ave Newberry FL 32669
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	70000558667--4 -05/20/02--0102--012 ****535.00 ****526.25
STREET ADDRESS CITY-ST-ZIP	700005558667--4 -05/20/02--0102--012 ****535.00 ****535.00
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: *Stefan M. Davis* **Stefan M. Davis** 4/30/02 **4/30/02** (352)472-7773 **(352)472-7773**

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

CR2E003 (9/01)