

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001425

1. Entity Name  
FLORIDA OPPORTUNITY INCOME PARTNERS II, LTD.



Principal Place of Business  
GROVE AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND FL 33809

Mailing Address  
GROVE AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARCAP REALTY SERVICES GROUP, INC.  
GROVE AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND FL 33809

Name

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

City

FL

Zip Code

DUE BY MAY 1, 2003

4. FEI Number 59-3353500

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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

9. Capital Contributions  
as Shown on record.

\$99.00

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 # P97000097503  
NAME BARON CAPITAL LXXXIII, INC.  
STREET ADDRESS 7826 COOPER ROAD  
CITY-ST-ZIP CINCINNATI OH 45242

STREET ADDRESS

CITY-ST-ZIP

900013271719  
02/28/03--01050--022 \*\*150.00

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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 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0014599 AT

CR2E003 (10/02)