

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003337 AV

**DOCUMENT # A95000001515**  
 1. Entity Name  
**CONGRESS II INVESTORS, LTD.**



**FILED**  
 03 APR 30 PM 12:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**3801 PGA BOULEVARD, SUITE 600  
 PALM BEACH GARDENS FL 33410**

Mailing Address  
**3801 PGA BOULEVARD, SUITE 600  
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0631075** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**REGSERV CORP.**  
**3801 PGA BOULEVARD, SUITE 600**  
**PALM BEACH GARDENS FL 33410**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,562,086.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,562,086.00**

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	
DOCUMENT #	<b>A95000001514</b>
NAME	<b>CONGRESS II MEDICAL EQUITY INVESTORS, LTD.</b>
STREET ADDRESS	<b>3801 PGA BOULEVARD, SUITE 600</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>500017608055</b>
STREET ADDRESS	<b>04/30/03--01097--008 **526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Patrick J. DiSalvo* **SIGNATURE REQUIRED** 4/1/03 (561) 630-5055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE