

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015282 AF

DOCUMENT # **A96000000369**

1. Entity Name

**IS II SEVILLE ASSOCIATES, LTD.**

**FILED**

**01 MAR 16 AM 11:56**

*rf*

Principal Place of Business

Mailing Address

**C/O BASIC CAPITAL MANAGEMENT, INC.  
10670 N CENTRAL EXPRESSWAY, SUITE 600  
DALLAS TX 75231**

**C/O BASIC CAPITAL MANAGEMENT, INC.  
10670 N CENTRAL EXPRESSWAY, SUITE 600  
DALLAS TX 75231**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

**1800 Valley View**

**1800 Valley View**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Dallas, TX**

**Dallas, TX**

4. FEI Number

**13-3873738**

Applied For

Not Applicable

Zip

**75234**

Country

**Dallas**

Zip

**75234**

Country

**Dallas**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

**\$990.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$990.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000002297**  
NAME **ART FLORIDA PARTNERS I, INC.**  
STREET ADDRESS **10670 N CENTRAL EXPRESSWAY, SUITE 600**  
CITY-ST-ZIP **DALLAS TX 75231**

STREET ADDRESS **1800 Valley View**  
CITY-ST-ZIP **Dallas, TX 75234**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **900003889439--1**  
CITY-ST-ZIP **-03/21/01--01007--025**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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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:

**Robert A. Waldman, Secretary**  
**ART FLORIDA PARTNERS I, 2/27/01**  
Inc.

**469-522-4200**

Date Daytime Phone #

CR2E003 (11/00)