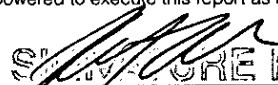



# 2001 UNIFORM BUSINESS REPORT (UBR)

0015310 AF

<b>DOCUMENT # A96000000372</b>			
<b>1. Entity Name</b> IS II NORTHSIDE VILLAS ASSOCIATES, LTD.			
<b>Principal Place of Business</b> C/O BASIC CAPITAL MANAGEMENT, INC. 10670 N CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231		<b>Mailing Address</b> C/O BASIC CAPITAL MANAGEMENT, INC. 10670 N CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231	
<b>2. Principal Place of Business</b> 1800 Valley View Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1800 Valley View Lane Suite, Apt. #, etc.	
<b>City &amp; State</b> Dallas, TX		<b>City &amp; State</b> Dallas, TX	
<b>Zip</b> 75234	<b>Country</b> Dallas	<b>Zip</b> 75234	<b>Country</b> Dallas
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>9. Capital Contributions as Shown on record.</b> \$336,543.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$336,543.00	
<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
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 Lane CITY-ST-ZIP Dallas, TX 75234	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 600003888196--1 CITY-ST-ZIP -03/20/01--01056--001 *****526.25 *****526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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<b>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</b>			
SIGNATURE:  Robert A. Waldman, Secretary ART FLORIDA PARTNERS I, Inc. 2/27/01 469-522-4200			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

**FILED**  
01 MAR 15 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  


DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)