DOCUN 1. Entity Name	MENT # A960 0	00000875				FILEN		
RUTGERS PLAZA II, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 6353 WEST ROGERS CIRCLE P.O. BOX 273760 BOCA RATON FL 33487 BOCA RATON FL 33427-3760					00 APR 24 AM 3: 05			
Principal Place of Business 3. Mailing Address					- ((B(F)B))0	(11 08 11) 29 (11 13	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number	65-0790620		Applied For Not Applicable
Zip 	Country	Zip	Cour	ntry			Fee F	75 Additional Required
<u> </u>	6. Name and Address of Current	Registered Agent		Name	7. Name and A	Address of New Regis	tered Agent	
HAHAMOVITCH, HARRY H 6353 W. ROGERS CIRCLE				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1 BOCA RATON FL 33487								
				City	FL Zip Code			
8. The above	named entity submits this statement fo	r the purpose of changing i	ts register	ed office or regist	ered agent, or both	, in the State of Florida	•	
	Signature, typed or printed name of registered agent (d Agent signature requir	red when reinstating)		DATE	
9. Capital Contributions as Shown on record. \$200.00 10. Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION UST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
	NOTE: General Partners MA	Y NOT be changed on	the form			to change a gener	al partner.	
12.	GENERAL PARTNER INFORMATION P97000102288 G.P. RUTGERS II, INC.			3. ADDRESS CHANGES ONLY				
STREET ADDRESS CITY-ST-ZIP	6353 WEST ROGERS CIRCLE BOCA RATON FL 33487			'-ST-ZIP				9-9
DOCUMENT#				EET ADDRESS	900032516198 -05/12/0001146007			
STREET ADORESS CITY-ST-ZIP	ESS		СПУ	CITY-ST-ZIP			F#1/11.25	
DOCUMENT / NAME				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
DOCUMENT /			STR	EET ADDRESS			_	
STREET ADDRESS CITY-ST-ZIP			СПУ	'- ST- ZIP				
DOCUMENT / NAME	DORESS			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP				
DOCUMENT#				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СПҮ	'-ST-ZIP		<u> </u>	 -	
14. I hereby control indicated on the received	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi	that my signature shall have s report as required by shall	e the sami upter 620,	e legal effect as if Fjorida Statutes	Section 119.07(3)(i) made under oath;	that I am a General Pai	tner of the lir	nited partnership or
SIGNAT	URE: SIGNATURE AND TYPED OR		AHY	MOVITC	H, Pres.	V-17-00	Daytime F	194-2233 Thome #