

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1042

DOCUMENT # A96000001269

1. Entity Name

MERSTONE II LIMITED PARTNERSHIP

02 JUL 11 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

901 VIA LUGANO  
WINTER PARK FL 32789

Mailing Address

% WELWYN MGMT. CO.  
PO BOX 1523  
WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3384161

Applied For

Not Applicable

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

DELAGER, ~~RICHARD E.~~  
% WELWYN MGMT. CO.  
PO BOX 1523  
WINTER PARK FL 32790

Name

JESSICA L. DELATER

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

Signature, typed or printed name of registered agent and title if applicable

7/8/02

DATE

9. Capital Contributions  
as Shown on record.

\$600.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P94000071617  
NAME WELWYN MANAGEMENT COMPANY  
STREET ADDRESS 901 VIA LUGANO  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

WELWYN MANAGEMENT COMPANY

SIGNATURE: ~~BY: [Signature]~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRESIDENT

7/8/02

Date

Daytime Phone #

CR2E003 (4/02)

20f2

# MERSTONE

P. O. Box 1523 ♦ Winter Park FL ♦ 32790

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July 9, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL  
32314

To Whom It May Concern:

It has come to our attention that Merstone II L.P. has neglected to pay the Florida State Corporation Fee for the year 2002 in a timely manner resulting in a substantial penalty. It was not our intention for this to occur. The problem occurred between our relocation and the dismissal of the member of our accounting personnel which had handled this matter in the past.

Item number eight on your frequently asked questions states that a letter may be written upon reception of a first late notice explaining what happened, and the late fines may be waived. We would like to request that the late fines be waived as in the past, we have always paid in a timely manner and intend to do so in the future.

Thank you for your time and understanding in this matter.

Regards,



Richard E. DeLater