2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A96000001297 **DOCUMENT #**

1. Entity Name

EQUITY CAPITAL HOLDINGS II, LTD.



APPROVE

03 JAN 13 AM 10: 15

SECRETARY OF STATE FALL AHASSEE, FLORIDA

Principal Place of Business % ROBERT E. SPIELMAN 9200 SOUTH DADELAND BLVD SUITE 500 MIAMI FL 33156			Mailing Address % ROBERT E. SPIELMAN 9200 SOUTH DADELAND BLVD SUITE 500 MIAMI FL 33156							# 15818 #1818 #1818 #181 #181	
2. Principal Place of Business				Mailing Address				JETA IRIIA BIKI OBNIC BRIK EDIK BU			
Suite, Apt. #, etc.				Suite, Apt. #, etc.		.		DUE BY MAY 1, 2003			
City & State				City & State			4. FEI Numbe	4. FEI Number 65-0649759 Applied For Not Applicable			
Zip Country						ntry	5. Certificate	5. Certificate of Status Desired		3.75 Additional e Required	
6. Name and Address of Current Registered A				tered Agent			7_Name and Address of New Registered Agent				
						Name	·		<u> </u>		
SPIELMAN, ROBERT 9200 SOUTH DADELAND BLVD., SUITE 500 MIAMI FL 33156						Street Address (P.O. Box Number is Not Acceptable)					
WIAMI FL	. 33136			í		City			· T	Zip Code	
9 The above	0.0000000000000000000000000000000000000			· ,		1		F		· 1	
the obliga	alons of regist	r submits this statement for ered agent.	the p	ourpose of changing	its register	ed office ar regi	stered agent, or both	, in the State of Florida. I ar	n fam	iliar with, and accept	
SIGNATORE	Signature, typed	or printed name of registered agent a	nd title i	f applicable.				DATE			
					date		100/	11. MAKE CHECK PAYABI	E TO	FL. DEPT. OF STATE	
	A C	General Partners MA	TAH	IS A BUSINESS E	ENTITY M	IUST BE REG	ISTERED AND A	TIVE WITH THIS OFFIC	CE.		
12.		GENERAL PARTNER	INFO	PMATION	13.	; an amenom	ent must be filed	to change a general p		r.	
DOCUMENT #	OLIVET VICTOR OF MATION							ADDRESS CHANGES ONLY			
NAME	SPIELMAN			ET ADDRESS		•		5			
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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