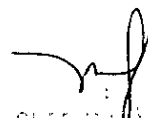


# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # A96000002346</b>			
1. Entity Name <b>IS II GEORGETOWN ASSOCIATES, LTD.</b>			
Principal Place of Business <b>C/O BASIC CAPITAL MANAGEMENT, INC. 10607 N CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231</b>		Mailing Address <b>C/O BASIC CAPITAL MANAGEMENT, INC. 10607 N CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231-2101</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country	
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  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. <b>\$990.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>990.00</b>	
11. <b>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. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F98000002302 ART, GEORGETOWN, INC. 10670 N CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>000003245140--3 -05/09/00--01108--012 *****141.25 *****141.25</b>
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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: <b>SIG. REQUIRED</b>		Date: <b>4-10-00</b> Daytime Phone #: <b>214-692-4700</b>	

  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 20 AM 3: 05



DO NOT WRITE IN THIS SPACE

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CR2E003 (9/99)

ART Georgetown Inc  
 Robert L. Salzman Secretary