2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT #	A970	0000034	2					
BROOKSIDE ASSOCIATES II, LTD.							FILED		
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Principal Place of Business Mailing Address 3404 MAGENTA WAY MR. ERIC J. ROBBINS							SECRETAL	RY OF STATE SEE, FLORIDANI	
BRANDON FL 33511 20 COMMUNITY PLACE				PLACE			TALLAHAS	SEE, FLOSTE	
			MORRISTOWN I	NJ 07960-7501			ia kakin ilakin aanki kaliki bakin aak	NI el ni ent in inter ior	
Principal Place of Business 3. Mailing Address				988			IB IBAN IBBN BBNI BBNI BBNI BBNI BB		
Suite, Apt. #, etc. Suite, Apt. #, etc			etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number		Applied Fo	
		22		l:Co			59-3428776	Not Applie	
Zip		Country	Zip	= 00	ountry	5. Certificate of		S8:75 Additional Fee Required	
	6. Name an	d Address of Currer	t Registered Agent	-	Name	7. Name and Ad	Idress of New Registere	d Agent	
RICHARD	S, WILLIAM H				Judith Richards				
	DAR GLEN DE	₹.			Street Address (P.O. Box Number is Not Acceptable)				
BOCA RA	TON FL 33434	ļ							
					City		F	Zip Code	
8. The above	named entity sx	nits this statement	for the purpose of cha	anging its regist	tered office or regi	stered agent, or both, is	n the State of Florida.		
	I	ludin D	, 1						
		41411911/\ K					1/9	0/00	
SIGNATURE .	Signature, typed or pi	inted name of registered age	nt and title if applicable.	(NOTE: Regist	tered Agent signature req	uired when reinstating)	1/2 DATE	0/00	
9. Capital Co	ntributions	inted name of registered age	10. Amoun	t of Capital Con		uired when reinstating)	11. MAKE CHECK PAYAB	LE TO DEPT. OF STATE	
	intributions on record.	\$7,500.00 NERAL PARTNER	10. Amoun in FLOR	t of Capital Con RIDA to date.	ntributions MUST BE REG	ISTERED AND ACT	11. MAKE CHECK PAYAB SEE REVERSE SIDE I	LE TO DEPT. OF STATE FOR FEE INFORMATION CE.	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE:

SIGNATURE

Date

Desyline Phone #