## 2000 UNIFORM BUSINESS REPORT (UBR) A97000000363 **DOCUMENT#** 1. Entity Name FILED MLH II. LTD. 00 MAY 30 PM 4: 20 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 1311 NORTH CHURCH AVENUE 1311 NORTH CHURCH AVENUE TAMPA FL 33607-2484 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3424324 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HABER, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 1311 NORTH CHURCH AVENUE **TAMPA FL 33607** Zip Code City 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 Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$250,000.00 SEE REVERSE SIDE FOR FEE INFORMATION~ in FLORIDA to date.\_\_ as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P96000101776 DOCUMENT # STREET ADDRESS MLH FINANCIAL SERVICES II. INC. NAME 1311 NORTH CHURCH AVENUE STREET ADDRESS CITY - ST - ZIP **TAMPA FL 33607** CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME **400003297504---**-06/2<u>0</u>/00--01065--022 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*526.25 \*\*\*\*525.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORES CITY - ST - ZIP CITY+ST+782 DOCUMENT# STREET ADDRESS

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 empty yered to execute this report as indicated by Chapter 620, Florida Statutes

CITY-ST-7IP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE OF DEPRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00

(813) 876-8320

Date

Daytime Phone #