2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002103

FILED
02 MAY 13 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

KINGSGATE ASSOCIATES II, LTD.

Principal Place of Business	Mailing Address
570 DELAWARE AVENUE BUFFALO NY 14202	570 DELAWARE AVENUE BUFFALO NY 14202

2. Principal Place of Business		**3.** Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 16-1537908 ☐ 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**
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	**10.** Amount of Capital Contributions in FLORIDA to date.	**11.** MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$99.00		

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 #	M97000000619	STREET ADDRESS	
NAME	POST FALLS MANAGEMENT ASSOCIATES, LLC	CITY-ST-ZIP	
STREET ADDRESS	570 DELAWARE AVENUE		
CITY-ST-ZIP	BUFFALO NY 14202		
DOCUMENT #		STREET ADDRESS	900005502189--4
NAME		CITY-ST-ZIP	-05/10/02--01031--003
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: LAR SIGNATURE REQUIRED DAVID H. BALDAUF (MANAGER OF GP) 4/30/02 716.886.0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)