

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000000543

1. Entity Name
AMERICAN FAMILY HOUSING II, LTD.

nf

FILED

01 APR 18 PM 12:17

Principal Place of Business
**C/O JOHN W. SHEA
218 BEACH BLVD., SUITE 9
JACKSONVILLE BEACH FL 32250**

Mailing Address
**C/O JOHN W. SHEA
218 BEACH BLVD., SUITE 9
JACKSONVILLE BEACH FL 32250**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
475 COMMERCE LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address
475 Commerce Lake Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE, FLORIDA

City & State
St. Augustine FL

Zip
32095

Country
USA

Zip
32095

Country
USA

4. FEI Number
59-3394339

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEA, JOHN W
218 BEACH BLVD, SUITE 9
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$485,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000090078 AFFILIATED AMERICAN, INC. 218 BEACH BLVD., SUITE 9 JACKSONVILLE BEACH FL 32250	STREET ADDRESS CITY - ST - ZIP	475 COMMERCE LAKE DRIVE ST. AUGUSTINE, FL. 32095
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	800004104078--5 -05/01/01--01115--017 ***526.25 ***526.25
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CR2E003 (11/00)

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: *John W. Shea* **REQUIRED** 4/16/01 Date (904) 285-5169 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER