2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000561 1. Entity Name					FILED
BRISBEN FLORIDA II LIMITED PARTNERSHIP					01 MAR 26 PM 4: 59
					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			••		THE AMASSEE, FLORIDA
7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD CINCINNATI OH 45249 CINCINNATI OH 45249			AU		
					I TERUTAH IANG IANG IANG IANG ARIN BANG BANG BANG BANG BANG BANG BANG BAN
2. Principal Place of Business 3. Mailing Address					
· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	·		7. Name and Address of New Registered Agent
Name Cros					moters unitarions
ATKINSON, WILSON C III				Street Address (P.O. Box Number is Not Acceptable)
1946 TYLER STREET HOLLYWOOD FL 33020					•
HOLLING	OD TE WOLD	· ·	en en en	Citypland	37 ION STEP Zip Code 333324
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.					
SIGNATURE Sugar J. Metze Signature, typed or printed name of registered agent and title if applicable. (NOTE: Refuser Agriculture) sphature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. \$0.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE STATE STATE IN FLORIDA to date. \$0.00					
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 PARTNE		13.		ADDRESS CHANGES ONLY
DOCUMENT #	P98000016346		STR	EET ADORESS	
	BRISBEN FLORIDA, INC. 7800 EAST KEMPER ROAD				5000039535450
CITY-ST-ZIP	CINCINNATI OH 45249		CHY	r-ST-ZIP	04/03/0101074001
DOCUMENT # NAME			STR	EET ADORESS	****141.25 ****141.25
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP	
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CITY-ST-ZIP					3/21
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STREET ADDRESS CITY-ST-ZIP			City	/-ST-ZIP	
DOCUMENT #			STR	EET ADDRESS	•
STREET ADDRESS CITY-ST-ZIP			CITY	r-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					

BY: BRISBEN FLORIDA, INC.

VICE PRESIDENT

(513)469~5113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER