

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000959**

1. Entity Name

HRM II, LTD.

Principal Place of Business

2650 N.W. 23RD WAY
BOCA RATON FL 33431

Mailing Address

2650 N.W. 23RD WAY
BOCA RATON FL 33431-4017

2. Principal Place of Business

3998 FAU Boulevard

Suite, Apt. #, etc.

Suite 307

City & State

Boca Raton FL

Zip
33431

Country

U.S.A.

3. Mailing Address

3998 FAU Boulevard

Suite, Apt. #, etc.

Suite 307

City & State

Boca Raton FL

Zip
33431

Country

U.S.A.

6. Name and Address of Current Registered Agent

HEAD, THOMAS A
2650 N.W. 23RD WAY
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/22/2000

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

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

DOCUMENT # P98000035261
NAME HRM II DEVELOPMENT CORP.
STREET ADDRESS 2650 N.W. 23RD WAY
CITY - ST - ZIP BOCA RATON FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

6000003207375--3
-04/13/00--01071--002
****158.75 ****158.75

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

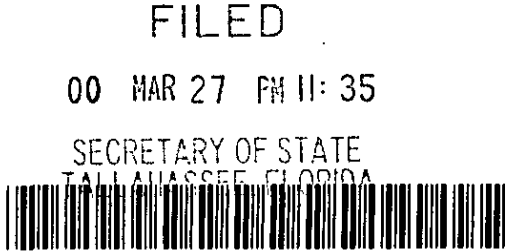
3/22/2000

Date

561 347-6915

Daytime Phone #

CR2E003 (9/99)



DO NOT WRITE IN THIS SPACE