DOCU 1. Entity Nan	MENT #	A980000	000973	,	*						,	_	
R & S DEFERRARI FAMILY LIMITED PARTNERSHIP II							FILE				~J		
1121 HARBOR DRIVE P.O. BOX 6688							TADV	PH 1: OF STAT E, FLORI	E		l		
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT	WRITE IN T	THIS SP	ACE		
City & State City & State						4. FEI	4. FEI Number 59-3514847					Applied F	
^{Zip} 341	660 CO	untry	Zip	Country	у			Status Desi		Fe	ee Req	Additional uired	
:	6. Name and	Address of Current Reg	istered Agent		Morro	7. Nar	me and A	ddress of N	ew Registe	red Ag	ent		
000001	POUGE II	4, -4			-Name		÷·.	~					
	BRUCE H	KENDOICK IIO			Street Addre	ss (P.O. Box	Number i	is Not Accep	table)				
C/O SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD., SUITE 2800										<u> </u>			
TAMPA FL		7., SUITE 2000		-	City						Zin (Code	
			***							FL			
8. The above	e named entity subr	mits this statement for the	purpose of changing its	registered	office or regi	stered agent	t, or both,	in the State	of Florida.				
CICALATURE													
SIGNATURE	Signature, typed or printe	ed name of registered agent and titl	le if applicable. (NOTE	Registered A	lgent signature req	uired when reinst	ating)			ATE			
9. Capital Contributions as Shown on record. \$10,000.00 in FLORIDA to date					itions			11 MAKE	CHECK PAY	ADIE T	U UED.	T. OF STATE	.
	on record	Ψ 10,000·00				N M	`					FORMATION	u l
	A-GENE	RAL PARTNER THAT	in FLORIDA to da	ite. FITY-MU	10 DO	STERED	AND AC	SEE RI	EVERSE SID	E FOR	FEE IN	FORMATIO	N
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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



3/9/01

727-787-4119

Daytime Phone #