

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000975
 1. Entity Name
R & D DEFERRARI FAMILY LIMITED PARTNERSHIP II

FILED

02 MAR 26 PM 3:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **305 ORANGE ST. OZONA FL 34660**
 Mailing Address: **P.O. BOX 6688 OZONA FL 34660**

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: **59-3514851** | Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**GORDON, BRUCE H
 C/O SHUMAKER, LOOP & KENDRICK, LLP
 101 EAST KENNEDY BLVD., SUITE 2800
 TAMPA FL 33602**

7. Name and Address of New Registered Agent
 Name: **Betsy Gilbert**
 Street Address (P.O. Box Number is Not Acceptable): **305 Orange Street**
 City: **Palm Harbor** FL Zip Code: **34683**

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: *Betsy Gilbert* DATE: **3/14/02**

9. Capital Contributions as Shown on record: **\$1,350,000.00** | 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 # | P98000012345 | STREET ADDRESS | |
| NAME | R & D DEFERRARI MANAGEMENT, INC. | CITY-ST-ZIP | 300005180923--1 |
| STREET ADDRESS | 305 ORANGE ST. | | -04/02/02--01001--014 |
| CITY-ST-ZIP | OZONA FL 34660 | | ****526.25 ****526.25 |
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| 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]* DATE: **3/14/02**

STAPLE CHECK HERE