

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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3514851** Applied For Not Applicable

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

DUE BY MAY 1, 2002

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	
DOCUMENT #	P98000012345
NAME	R & D DEFERRARI MANAGEMENT, INC.
STREET ADDRESS	305 ORANGE ST.
CITY-ST-ZIP	OZONA FL 34660
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300005180923--1
STREET ADDRESS	-04/02/02--01001--014
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
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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]*

3/14/02

STAPLE CHECK HERE