2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000000982

1. Entity Name

~~STOCKYARD PROPERTIES I, LTD.~~ NOTE NAME CHANGE
HART PROPERTIES II, LTD

FILED
01 APR 26 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209	5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-1990314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, ALEXANDER C CPA % NOBLE PROPERTIES 5821-C LAKE WORTH ROAD GREENACRES FL 33463-3209	Name Street: Peter S. Sidel 5821 Lake Worth Road Greenacres, FL 33463 City 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 Peter S Sidel 4/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000084076	STREET ADDRESS	
NAME	NOBLE PROPERTIES INC.	CITY-ST-ZIP	
STREET ADDRESS	5821-C LAKE WORTH ROAD		
CITY-ST-ZIP	GREENACRES FL 33463		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200004083131 2 1 -04/26/01--01067--025 ***2920.55 ****141.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: Alexander C. Cook REQUIRED 4/24/01 561 966 0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #