2002	UNIFORM BUS	SINE	SS REPO	RT	(UBR)	,			104/26	, <u>3</u>	
DOCUMENT # A9800001061 I. Entity Name WYNNTON SARASOTA II, LIMITED PARTNERSHIP						TILE THE			D STATE		
					•		SECRETARY BIVISION OF CO	OF S ORPO	RATIONS		
Principal Place of Business ATTN: STANLEY A. TARKOW 511 BAY STREET. SUITE 418 309 TAMPA FL 33606		14	iling Address 30 Wynnton Road Olumbus Ga 31906			02 APR 22 P			H 1: 33		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002					
City & State			City & State			4. FEI Number	59-3508725		Applied For Not Applicable	-	
Zip	Country		(ip	Coun	ntry i		Status Desired	Fee	75 Additional Required		
	6. Name and Address of Curr	ent Regist	ered Agent		Name	7. Name and A	ddress of New Registered	ı Agen	<u> </u>	┨	
TARKOW, STANLEY A ESQ.					Street Address (P.O. Box Number is Not Acceptable)						
511 BAY STREET, SUITE 309 TAMPA FL 33606											
					City		F	L	Zip Code		
8. The above	named entity submits this statemen	nt for the p	urpose of changing its	register	ed office or regis	stered agent, or both	, in the State of Florida.				
SIGNATURE _	Signature, typed or printed name of registered a	gent and title i	f anglicable		ļ:		DATE		м		
9. Capital Contributions as Shown on record. \$99.00			10. Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
as snown c	A GENERAL PARTNE NOTE: General Partners	R THAT	IS A BUSINESS EN	ITITY N	NUST BE REG	ISTERED AND A	CTIVE WITH THIS OFFI I to change a general p	CE. artne	r.		
12.	GENERAL PART			13.			ADDRESS CHANGES O]_	
DOCUMENT # M98000000428 NAME STREET ADDRESS CITY-ST-ZIP M980000000428 WYNNTON SARASOTA II SUB, LLC 1430 WYNNTON ROAD COLUMBUS GA 31906			rc		REET ADDRESS					2E003 (9/01)	
					Y-ST-ZIP				CR2E00		
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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

By: wcf flowleds wc. The society of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: Wyw. Co. Chapter flowleds wc. The society of the limited partnership or the receiver or trustee empowers to execute this report as required by Chapter 620, Florida Statutes

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STREET ADDRESS

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