2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)								APPRI	ÜYL	
DOCUMENT # A9800001340 1. Entity Name							AND FILED			
OXFORD PROPERTIES II, LTD.							01 APR 27 PM 5: 35			
Principal Place of Business Mailing Address						•	1	SECRETARY (TAULAHASSEE	OF STATE	
4240 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308				4240 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308			1 1884 (82)	THE WINDS	, r ©⊎RIDA	
2. Principal I	ess	Mailing Address	ing Address .							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_	DO NOT WRITE IN TH	HIS SPACE	
City & State				City & State			4. FEI Number	65-0843755	Applied For	
Zip	Zip Country			Zip Co		itry			Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent			
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500E WEST PALM BEACH FL 33401						Street Address (ess (P.O. Box Number is Not Acceptable) IN. 4/5+ AVENUE LYWOOD FL Zip Code 3302-/			
SIGNATURE Signature, typed grapped ampearregisted as an appropriate to the purpose of changing its registed as a specific propriate to the purpose of changing its registed as a specific propriate to the purpose of changing its registed purpose of changing its re						d Agent signature required Dutions	d when reinstating)	11. MAKE CHECK PAYA 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.									partner.	
12. GENERAL PARTNER INFORMATION DOCUMENT # P98000046405						<u> </u>		ADDRESS CHANGES	ONLY	
NAME ,	OXFORD PROPERTIES II, INC. 4240 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308					-ST-ZIP				
DOCUMENT #					STRE	ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	1			
DOCUMENT # NAME					STRE	ET ADDRESS	00	0000419	37806 01100012	
STREET ADDRESS CITY-ST-ZIP			-	· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP		****150.00	****150.00	
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DOCUMENT # NAME					STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZiP				
DOCUMENT / NAME *					STREE	ET ADDRESS				
STREET ADORESS CITY-ST-ZiP					CITY-	ST-ZIP				
indicated	l on this report	information supplied with the information supplied with the istrue and accurate and the impowered to execute this	hat m	v signature shall have th	ne same	legal effect as if m	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I further nat I am a General Partne	certify that the information r of the limited partnership or	

2/8/01 (954) 346-3396