2002 UNIFORM BUSINESS REPORT (UBR) APPRUVEI A98000001622 DOCUMENT # 1. Entity Name PALM BEACH PARTNERS LTD. II 02 APR 22 PM 3: 49 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 211 ROYAL POINCIANA WAY, SUITE A 211 ROYAL POINCIANA WAY, SUITE A PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 970 NORTH CONGRESS AVE. 970 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** PALM PALM BEACH 4. FEI Number Applied For 65-0872149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUDE, HARALD 211 ROYAL POINCIANA WAY, SUITE A Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 CONGRESS 8. The above named entity fits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioriga. DUDE SIGNATURE ered agent and title if applicable 9. Capital Contributions \$940.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 L26853 DOCUMENT # (9/01) FIRST NATIONWIDE DEVELOPMENT CORP. NAME STREET ADDRESS 211 ROYAL POINCIANA WAY, SUITE A STREET ADDRESS PALM BEACH FL 33480 CITY-ST-7IP CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS ****150.00 ****150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 expecute this report as required by Chapter 620, Florida Statutes SIGNATURE: DUDE, PRES. OF GP.