

2002 UNIFORM BUSINESS REPORT (UBR)

0003931 AV

225/28

DOCUMENT # A98000001768

1. Entity Name

**INDIANTOWN REALTY PARTNERS II LIMITED PARTNERSHI
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 AM 9:51

Principal Place of Business Mailing Address
350 SOUTH COUNTY ROAD, SUITE 201 350 SOUTH COUNTY ROAD, SUITE 201
PALM BEACH FL 33480 PALM BEACH FL 33480



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 Applied For
65-0851410 Not Applicable

Zip Country Zip Country

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

**LE NEVE, W. LAWRENCE
350 SOUTH COUNTY ROAD, SUITE 201
PALM BEACH FL 33480**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000068680 PARTNERSHIP MANAGEMENT SERVICES, INC. 350 SOUTH COUNTY ROAD, SUITE 201 PALM BEACH FL 33480	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/02 561-832-1299
Date Daytime Phone #

CR2E003 (9/01)