

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001795  
1. Entity Name

ATLANTIC PLAZA II, LTD.

Principal Place of Business Mailing Address  
*Please correct address*

2. Principal Place of Business 3. Mailing Address  
6700 N.W. Broken Sound Pky Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 201  
City & State City & State  
Boca Raton, Florida  
Zip Country Zip Country  
33487

FILED  
01 FEB 28 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0854146 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Name and Address of Current Registered Agent  
Larry Z. Glickman  
301 Yamato Road  
Suite 4150  
Boca Raton, Fl 33431  
7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. 75,000.00 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 #	P98000065998	STREET ADDRESS	
NAME	Adreac Holdings, Inc.	CITY-ST-ZIP	
STREET ADDRESS	4568 Bocaire Blvd.		
CITY-ST-ZIP	Boca Raton, Fl 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000003810620--9
STREET ADDRESS			-03/07/01--01087--003
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: \_\_\_\_\_ Date 2/23/01 Daytime Phone # 561-994-0919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jerry Van

CR2E003 (11/00)