

2000 UNIFORM BUSINESS REPORT (UBR)

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NY 1122000

DOCUMENT # A98000001994

1. Entity Name
BING DEVELOPMENT II, LTD.

FILED

00 APR 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 11780 U.S. HIGHWAY ONE, SUITE 300, NORTH PALM BEACH FL 33408

Mailing Address: 11780 U.S. HIGHWAY ONE, SUITE 300, NORTH PALM BEACH FL 33408-3042

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0792604**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

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: **\$1,200,000.00**

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

DOCUMENT #	P97000093093
NAME	BING II CORP.
STREET ADDRESS	11780 U.S. HIGHWAY ONE, SUITE 300
CITY - ST - ZIP	NORTH PALM BEACH FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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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: **David M. Shaw**, Assistant Secretary
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)