2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001994 1. Entity Name						4	
BING DEVELOPMENT II, LTD.					FILED -		
Principal Place of Business Mailing Address					01 FEB 14 PM 12: 30		
11780 U.S. HK	GHWAY ONE. SUITE 300 BEACH FL 33408	11780 U.S. HIGHWAY ONE. SUITE 300 NORTH PALM BEACH FL 33408			SECRETARY OF STATE TAMENTAL SE		
Principal Place of Business Address Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	0	City & State			4. FEI Number	65-0792604	Applied For Not Applicable
Zip	Country	Zip	Cour	itry	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 Name			
FHS CORPORATE SERVICES, INC.					P.O. Box Number is Not Acceptable)		
11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH FL 33408							
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Capital Contributions as Shown on record. 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	BING II CORP.			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP			
NAME CYPICET ADDRESS	e de la company de la comp	المنتقد عارات المنتقد عارد	STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CiTY	-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			STRE	EET ADDRESS	4 0	0093707	7746
CITY-ST-ZIP			CITY	-ST-ZIP		-02/16/010 ****526.25	1113025 ****528,25
DOCUMENT # NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME 2 STREET ADDRESS			STRE	ET ADDRESS		 .	
CITY-ST-ZIP				-ST-ZIP	orion 440 07/01/0	Elevido Charana I Landon	artifu that the information
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 David M. Shaw. Assistant Secretary of Court for the limited partnership or the receiver of trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
David M. Shaw. Assistant Secretary of O2/29/21 8335601 SIGNATURE: SIGNATURE ANALYZED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date D							