

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011721 AT

DOCUMENT # **A98000001994**

1. Entity Name  
**BING DEVELOPMENT II, LTD.**

FILED

02 MAR 26 PM 3:23

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**

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  
**65-0792604**

Applied For  
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

**FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH FL 33408**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS  
CITY-ST-ZIP

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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

SIGNATURE: **David M. Shaw as Assistant Secretary of General Partner 3/21/92 (561) 833-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

SINGLE CHECK HERE