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DOCUMENT #	A9800000	1994

1. Entity Name BING DEVELOPMENT II, LTD.



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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 NORTH PALM BEACH FL 33408			300	2 47	ECI	RETARY O AHASSEE	FLORIC	ar.					
J.													
Principal Place of Business Address Address										U U U U U U U U U U U U U			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2				2003					
City & State City & State					4. FEI Nur	4. FEI Number 65-0792604 Applied For Not Applicable							
Zip		Country	Zip Cou			try	5. Certifica	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Regis	tered Agent			7. Name a	and A	ddress of New	Registered	1 Ager	ıt .	
FHS CORPORATE SERVICES, INC.					Name								
11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH FL 33408					Street Address (P.O. Box Number is Not Acceptable)								
NORTH	MUNI DEMOI	1 PL 33400				{						1	
						City				F	┗╽	Zip Code	
8. The above the obligat	named entit tions of regist	y submits this statement for ered agent.	r the p	surpose of changing its	registere	ed office or re	egistered agent, or f	both,	in the State of I	Florida. I an	n famil	iar with, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title i	f applicable.			·			DATE			
9. Capital Contributions as Shown on record. \$1,200,000.00 10. Amount of Capital C in FLORIDA to date						ntributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
		GENERAL PARTNER											
12.	HOIL	GENERAL PARTNE			13.	, an amen	ndment must be filed to change a general partner. ADDRESS CHANGES ONLY						
DOCUMENT # P97000093093							ADDRESS STATULES SHEET						
NAME BING II CORP.				STRE	ET ADDRESS						1		
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS 11780 U.S. HIGHWAY ONE, SUITE 300				CITY	-ST-ZIP							
DOCUMENT # NAME	14				STRE	ET ADDRESS	3:	300017858613 05/02/080013005 **526.25					
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NAME Street address City-St-Zip	l				CITY-	-ST-ZIP							
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NAME STREET ADDRESS						<u> </u>							
CITY-ST-ZIP					CITY-	ST-ZIP							
DOCUMENT # NAME					STRE	ET ADDRESS				· .			
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:

STAPLE CHECK HERE

<u>SIGNAPURE REQUIRED</u>