

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # A98000002078**

1. Entity Name

SP41 II, LTD.

Principal Place of Business

593 JUAN ANASCO DRIVE  
 LONGBOAT KEY FL 34228

Mailing Address

593 JUAN ANASCO DRIVE  
 LONGBOAT KEY FL 34228-1422

TALLAHASSEE, FLORIDA



2. Principal Place of Business

435 L' Ambiance Dr  
 Suite, Apt. #, etc.  
 Apt H-502

3. Mailing Address

435 L' Ambiance Dr  
 Suite, Apt. #, etc.  
 Apt H-502

DO NOT WRITE IN THIS SPACE

City & State

Longboat Key, FL

City & State

Longboat Key, FL

4. FEI Number

65-0879983

Applied For

Not Applicable

Zip

34228

Country

Zip

34228

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RADKE, RICHARD W  
 601 BAYSHORE BOULEVARD, SUITE 700  
 TAMPA FL 33606

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

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.

\$990.00

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 # P98000033516  
 NAME ANASCO, INC.  
 STREET ADDRESS 593 JUAN ANASCO DRIVE  
 CITY-ST-ZIP LONGBOAT KEY FL 34228

13. ADDRESS CHANGES ONLY

STREET ADDRESS 435 L' Ambiance Dr H-502  
 CITY-ST-ZIP Longboat Key, FL 34228

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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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 form 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 of the partnership or trust required to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)