Applied For

2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A98000002088 **DOCUMENT #**

1. Entity Name ECOVENTURE ASSOCIATES II, LTD.



Principal Place of Business 801 BAYSHORE BLVD.. SUITE 960 **TAMPA FL 33606**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

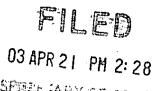
Mailing Address 601 BAYSHORE BLVD.. SUITE 960 TAMPA FL 33606

3. Mailing Address

City & State

Suite, Apt. #, etc.







DUE BY MAY 1, 2003

4. FEI Number 59-3536480

		,					00 0000100	Not Applicable
Zip	Zip Country Zip		Zip	Country				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
WOLFE, RANDOLPH J					Name		- N-1 A	
100 NORTH TAMPA ST., STE. 2700					Street Address (P.O. Box Number is Not Acceptable)			
tampa fi	L 33602							·
					^"			7-0-1
					City _.		Fi	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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE								
C. Comital Contributions					hutions			TO EL DEPT DE STATE
as Shown on record. \$1.00 in FLORIDA to da				ntributions . 11. MAKE CHECK PAYABLE TO FL. 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						ADDRESS CHANGES OF	NLY
DOCUMENT #	ECOVENTURE RESIDENCES II, INC.				FFT ADORESS			
NAME					EL ADDILEGO			<u>.</u>
STREET ADDRESS	1			ÇITY	'-ST-ZIP	•	•	
CITY-ST-ZIP	TAMPA FL 33606				REET ADDRESS 04/21/0301063002 **141, 25			
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CITY-ST-ZIP					TY-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 may 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:

男REdward R. Oelschlaeger