

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014900 AT

DOCUMENT # A98000002293

1. Entity Name  
BRITTANY ASSOCIATES II, LTD.



FILED  
03 MAY -6 PM 8:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
9400 GLADIOLUS DRIVE, SUITE 250  
FT. MYERS FL 33908

Mailing Address  
9400 GLADIOLUS DRIVE, SUITE 250  
FT. MYERS FL 33908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0874118

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

MITCHELL, STEPHEN J  
201 N. FRANKLIN STREET, SUITE 2100  
TAMPA FL 33602

Name  
Andrew Service Corporation of Florida  
Street Address (P.O. Box Number is Not Acceptable)  
201 N. Franklin Street  
Suite 2100  
City Tampa FL Zip Code 33602

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 *James H. Hall, Assistant Secretary* 4-15-2003  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1.00

10. Amount of Capital Contributions in FLORIDA to date.

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.

GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000085283  
NAME PARKER-BRITTANY II, INC.  
STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250  
CITY-ST-ZIP FT. MYERS FL 33908

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 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: *SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/4/03 239-461-5046  
Date Daytime Phone #

CR2E003 (10/02)