

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016727 AT

DOCUMENT # A98000002385

1. Entity Name

RIVERS EDGE II, LTD.

Principal Place of Business

Mailing Address

~~7026 COOPER RD.~~

~~7026 COOPER RD.~~

~~CINCINNATI OH 45242~~

~~CINCINNATI OH 45242~~



2. Principal Place of Business

3. Mailing Address

Grove at Lakeland Square

Grove at Lakeland Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3570 US Hwy 98 N.

3570 U.S. Hwy 98 N.

City & State

City & State

Lakeland Florida

Lakeland Florida

Zip

Country

Zip

Country

33809

U.S.A.

33809

U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

65-0867289

Applied For

Not Applicable

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

~~MCGRATH, GREGORY K~~

~~4561 GULF OF MEXICO DR. #101~~

~~LONGBOAT KEY FL 34228~~

Name

Barcap Realty Services Group, Inc.

Street Address (P.O. Box Number is Not Acceptable)

Grove at Lakeland Square

3570 US Hwy 98 N.

City

Lakeland

FL

Zip Code

33809

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

Mark L Wilson, VP Mark L Wilson, VP

3/15/02

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

DATE

9. Capital Contributions
as Shown on record.

\$99.00

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 # F99000005652
NAME RIVERS EDGE II, INC.
STREET ADDRESS 3250 MARY ST., SUITE 306
CITY-ST-ZIP MIAMI FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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: Mark L Wilson, VP Mark L Wilson, VP 3/15/02 513 936 9408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

SAMPLE CHECK HERE