A98000002760

LIMITED

UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 24 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002760

1. Entity Name
CROSSINGS AT CAPE CORAL II, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o BRENDT RUSTUN	P.O. BOX 4961
Suite, Apt. #, etc.: 322 BANYAN BLVD.	Suite, Apt. #, etc.:
City & State: WEST PALM BEACH, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 33401 / Country: UNITED STATES	Zip: 32802 / Country: UNITED STATES

DUE BY MAY 1

4. FEI Number: 65-0882806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

Street Address (P.O. Box Number is Not Acceptable): 390 NORTH ORANGE AVENUE, SUITE 1100

City: ORLANDO FL Zip Code: 32801

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

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

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 #	P98000101475
NAME	CROSSINGS AT CAPE CORAL II, INC.
STREET ADDRESS	106 EAST COLLEGE AVE., SUITE 640
CITY-ST-ZIP	TALLAHASSEE, FL 32301
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BK ****157.00 ****150.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ JEFFREY B. SHARKEY, DIRECTOR 4/22/02 850-224-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #