

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015176 AT

DOCUMENT # A99000000330

1. Entity Name
OSPREY FUND II LIMITED PARTNERSHIP



FILED

03 APR 16 PM 2:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
600 FIFTH AVENUE SOUTH, SUITE 210
NAPLES FL 34102

Mailing Address
600 FIFTH AVENUE SOUTH, SUITE 210
NAPLES FL 34102



2. Principal Place of Business

3. Mailing Address

801 TWELFTH AVENUE SOUTH

801 TWELFTH AVENUE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

NAPLES FL

NAPLES FL

Zip

Country

Zip

Country

34102

USA

34102

USA

DUE BY MAY 1, 2003

4. FEI Number 59-3565195

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

A.G.C. CO.
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

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. 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

9. Capital Contributions as Shown on record. \$15,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5,353,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L99000001181
NAME OSPREY II, LLC
STREET ADDRESS 600 FIFTH AVENUE SOUTH, SUITE 210
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS 801 TWELFTH AVENUE SOUTH, SUITE 200
CITY-ST-ZIP NAPLES, FL 34102

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CITY-ST-ZIP

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 M. Sisia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/03

239-263-6877

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE