

2002 UNIFORM BUSINESS REPORT (UBR)

0004107 AV

DOCUMENT # A99000000445

1. Entity Name

TALAVERA ASSOCIATES LIMITED PARTNERSHIP II

FILED

02 MAR 14 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAJRA



Principal Place of Business
1000 CLINT MOORE ROAD, SUITE 110
BOCA RATON FL 33487

Mailing Address
1000 CLINT MOORE ROAD, SUITE 110
BOCA RATON FL 33487

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 65-0908830

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

ENDELSON, KENNETH M
1000 CLINT MOORE ROAD, SUITE 110
BOCA RATON FL 33487

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$0.00

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 # P95000001513
NAME KENCO COMMUNITIES AT ADDISON RESERVE, INC.
STREET ADDRESS 1000 CLINT MOORE ROAD, SUITE 110
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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-03/26/02--01058--016
***150.00 ***150.00

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:

Judy Matthews Gray
JUDY MATTHEWS GRAY

3/12/02

561-447-5760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE