2000 UNIFORM BUSINESS REPORT (UBR)

| | | | | | • • • | |
|---|---|--------------------------------------|---------------------|--|--|--|
| DOCUMENT # A9900000655 1. Entity Name | | | | | FILED | |
| REDSTONE II, LTD. | | | | | 00 JAN 19 PM 12: 1:1 | |
| Principal Place of Business Mailing Address | | | | | CECRETARY OF STATE | |
| 3801 SOUTH NINE DRIVE 3801 SOUTH NINE DRIVE VALRICO FL 33594-8268 VALRICO FL 33594-8268 | | | | ļ | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| VALHICO PL 3 | 33394-0200 | VALIDO FE 33354-0200 | | | i yaanan yana yana 1911) aanii abiii abiii abiii balii balii balii balii aana biibi biibi biibi bibi | |
| | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | (1884 21; 1212 (21)2 1311(2311) adul 2311(2311) adul 2311) | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | 9 | City & State | | | 4. FE Number Applied For Not Applied For | |
| Zip | Country Zip Co | | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| = 5 | *6. Name and Address of Current | Registered Agent | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | | |
| WIMBLE, BILL 3801 SOUTH NINE DRIVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| VALRICO FL 33594-8268 | | | | | | |
| | | | Cit | ity | 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. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 40 Amount Combit Combitations 37/ ACCO 4 (20) 11 MAKE CHECK DAVABLE TO DEDT OF STATE | | | | | | |
| as Shown on record. \$1,375,000.00 In FLORIDA to date. 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 | | | | | must be filed to change a general partner. | |
| | | | 13. | | ADDRESS CHANGES ONLY | |
| Document # Name | P93000068627 REDSTONE RESOURCES & FUNDING CORP. | | | ORESS | | |
| STREET ADORESS CITY - ST - ZIP | 3801 SOUTH NINE DRIVE | | CITY-ST-ZI | DP | ······································ | |
| DOCUMENT # | VALRICO FL 33594-8268 | | - | | | |
| NAME | , si | | STREET ADO | ORESS | 2000031058629 | |
| STREET ADDRESS CITY - ST - ZJP | | | CITY-ST-Z | ry-sr-zm ****526.25 ****526.25 | | |
| DOCUMENT# NAME | | | STREET ADD | ORESS | The state of the s | |
| STREET ADORESS CITY-ST-ZIP | | | CITY-ST-ZI | ip | | |
| DOCUMENT# | | | STREET ADD | ORESS | | |
| STREET ADDRESS | s | | CITY-ST-ZI | 2P | | |
| OOCUMENT# | | | STREET ADD | DRESS | | |
| NAME STREET ADDRESS CTY+ST-ZNG | | | CITY-ST-ZI | np - | | |
| DOCUMENT | | | STREET ADD | DRESS | | |
| NAME STREET ADDRESS | | | CITY-ST-ZI | 3P | | |
| CITY-ST-ZIP | certify that the information supplied with | this filing does not qualify for the | he exemption | on stated in Sec | ction 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | | |

BULLINGE BILLION WINDLE SIGNATURE:

/-/0-2000 \$13+6\$1-5-009 Date Daytime Phone #