

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000893

1. Entity Name

PARK CHANDON-DELRAY BEACH LIMITED PARTNERSHIP

Principal Place of Business

C/O JAMES K. GRIFFIN, JR.
1401 EAST BROWARD BLVD., SUITE 302
FT. LAUDERDALE FL 33301

Mailing Address

C/O JAMES K. GRIFFIN, JR.
1401 EAST BROWARD BLVD., SUITE 302
FT. LAUDERDALE FL 33301-2116

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16133 VENTURA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1400

City & State

City & State ENCINO, CA

4. FEI Number 95-4746543

Applied For

Not Applicable

Zip

Country

Zip 91436

Country USA

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

GRIFFIN, JAMES K JR.
VICTORIA PARK CENTRE
1401 EAST BROWARD BLVD., SUITE 302
FT. LAUDERDALE FL 33301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$100.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,239,469

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 # L98000003194
NAME FL MSII/SEPII GP, L.C.
STREET ADDRESS 1401 EAST BROWARD BLVD., SUITE 302
CITY-ST-ZIP FT. LAUDERDALE FL 33301

STREET ADDRESS 16133 VENTURA BLV. #1400
CITY-ST-ZIP ENCINO, CA 91436

DOCUMENT #
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/00

818/385-0005