2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000943	
1. Entity Name	
TRIVEST FUND II GROUP, LTD.	

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133-5401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number   65- 0930039   ☐ 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
KLEIN, PETER W 2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133	Name _Maria C. Callejas_ 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 _Maria C Callejas_   DATE 1/6/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	$31,164,799.25	**10.** Amount of Capital Contributions in FLORIDA to date.	31,164,799.25	**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 # P95000024317 NAME TRIVEST EQUITIES, INC. STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 800 CITY-ST-ZIP MIAMI FL 33133	STREET ADDRESS 4000031303354---4 CITY-ST-ZIP -02/10/00--01006--006 ****526.25 ****526.25
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CR2E003 (9/99)

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: _B. Jay Anderson_   B. Jay Anderson, Director   1/1/00   305.655.2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #