## 2000 UNIFORM BUSINESS REPORT (UBR)

## A99000001158 DOCUMENT # 1. Entity Name FII FD LA JOLLA PROPERTIES, LTD. Mar 03 2000 8:00 am Secretary of State Principal Place of Business Mailing Address 82222 OVERSEAS HIGHWAY 82222 OVERSEAS HIGHWAY ISLAMORADA FL 33036 ISLAMORADA FL 33036-3603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 590949112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name NOBREGAS, LESLIE A Street Address (P.O. Box Number is Not Acceptable) 82222 OVERSEAS HIGHWAY ISLAMORADA FL 33036 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above SIGNATU NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital 10. Amount of Capital Contributions \$3,000,000.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. CR2E003 (9/99) P99000061027 DOCUMENT# STREET ADDRESS TONEL, INC. NAME B2222 OVERSEAS HIGHWAY 9aa16 STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 33036 OTTY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ACCRESS NAME STREET AODRESS \*\*\*\*526.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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

Date Daytime Phone #