## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9900001355  1. Entity Name								F#FD	
ISLAND CONCH II LIMITED PARTNERSHIP							l	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business  33 EAST CENTER STREET  JUPITER FL 33477-5074  Mailing Address  33 EAST CENTER STREET  JUPITER FL 33477-5074					т			00 MAY -4 PM 1:33	
Principal Place of Business     3. Mailing Address									
				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State				City & State				4. FEI Number   Applied For   Not Applicable	
Zip	Country Country			Zip Coun		itry		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name	and Address of Current	Regist	ered Agent		7. Name and Address of New Registered Agent			
BEATTY, MARK B						Name Name			
33 EAST CENTER STREET						Street Address (P.O. Box Number is Not Acceptable)			
JUPITER FL 33477-5074				;		City	FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its re									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)  9. Capital Contributions  10. Amount of Capital Contributions							required	when reinstating) DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown on record. in FLORIDA to date.						_	<i>' 0</i>	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								ADDRESS CHANGES ONLY	
DOCUMENT#						ET ADDRESS		1000032920216	
NAME STREET ADDRESS CITY-ST-ZIP	BEATTY, MARK B 33 EAST CENTER STREET JUPITER FL					-ST-ZIP		-06/15/0001105004 ****141.25 ****141.25	
DOCUMENT# NAME	BEATTY,		STRI	EET ADDRESS		: 8			
STREET ADDRESS CITY-ST-ZIP	AA ELAT ARIBED ATORET					-ST-ZIP		,	
DOCUMENT #					STRE	ET ADORESS -			
STREET ADDRESS CITY-ST-ZIP					СПУ	-ST-ZIP			
DOCUMENT# NAME					STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			
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STREET ADORESS CITY-ST-ZIP					CITY	-ST-ZIP			
DOCUMENT #					STRE	EET ADDRESS		,	
STREET ADDRESS CITY-ST-ZIP						-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 5 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								ction 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	
SIGNATURE: SIGNATURE REQUIRED Walk of 4/28/00 561-744-4780									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Prions #									
		1			,				