2001	UNIFORM	BUSINESS	REPORT ((UBR
			,	. — —

SIGNATURE(

DOCUMENT # A9900001362 1. Entity Name								en Af
POINTE WEST COMMERCE II LIMITED PARTNERSHIP					FILED			
Principal Place of Business 1096 E. NEWPORT CENTER DRIVE #100 DEERFIELD BEACH FL 33442		Mailing Address 1096 E. NEWPORT CENTER DRIVE #100 DEERFIELD BEACH FL 33442		O I APR 27 PM 3: 53 SECRETARY OF STATE TALLANASCLE, FLORIDA				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 65-0	0940729	Applied For Not Applicab	ole	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current I	Registered Agent			7. Name and Address	of New Registered	Agent	_
1096 E. N #100 DEERFIELI	MALCOLM EWPORT CENTER DRIVE D BEACH FL 33442 named entity submits this statement for	the purpose of changing its	register	City	P.O. Box Number is Not A	FL	Zip Code	
9. Capital Co	#4 AAA AAA AAA	10. Amount of Capita in FLORIDA to da	I Contri	UST BE REGIST	11. N S ERED AND ACTIVE	MAKE CHECK PAYABLE SEE REVERSE SIDE FO WITH THIS OFFICE sange a general par	R FEE INFORMATION	
12.	GENERAL PARTNER		13.	<u> </u>		RESS CHANGES ON		╗
DOCUMENT # NAME STREET ADDRESS	P99000073544 POINTE WEST COMMERCE II, INC 1096 E. NEWPORT CENTER DRIVI DEERFIELD BEACH FL 33442			-ST-ZIP	6000	0042130	6766	R2E003 (11/00)
DOCUMENT # NAME	P9900073545 CK PW II, INC.		STRE	EET ADDRESS		05/11/010: ****526.25	****526.25	CR
STREET ADDRESS CITY-ST-ZIP	1096 E. NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442		CITY	ST-ZIP				
DOCUMENT # NAME STREET ADDRESS		:	STRE	EET ADDRESS		P#		_
CITY-ST-ZIP DOCUMENT #			+	-ST-ZIP				_
NAME STREET ADDRESS				-ST-ZIP		<u>.</u>		
CITY-ST-ZIP DOCUMENT #			_	EET ADDRESS	······································			_
NAME STREET ADDRESS				-ST-ZIP				
CITY-ST-ZIP DOCUMENT MAME	·		STRE	EET ADDRESS				
NAME STREET ADDRESS [®] CITY-ST-ZIP			CITY	-ST-ZIP				
14. I hereby of indicated the receiv	ertify that the information supplied with on this report is true and accurate and it er or trustee empowered to execute this	this filing does not qualify for hat my signature shall have t report as required by Chapt	the exe he same er 620.	imption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), Florida nade under oath; that I an	Statutes. I further cer n a General Partner of	tify that the information the limited partnership	or