

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002914 MB

**DOCUMENT # A99000001492**



1. Entity Name  
**FLORIDA II BLUE MIST LIMITED PARTNERSHIP**

FILED  
03 AUG -5 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3404 WAKE FOREST ROAD  
SUITE 201  
RALEIGH NC 27609**

Mailing Address  
**3404 WAKE FOREST ROAD  
SUITE 201  
RALEIGH NC 27609**

2. Principal Place of Business

**3100 Duraleigh Rd  
Suite, Apt. #, etc.  
#200  
City & State  
RALEIGH NC  
Zip  
27612**

3. Mailing Address

**3100 Duraleigh Rd  
Suite, Apt. #, etc.  
#200  
City & State  
RALEIGH NC  
Zip  
27612**

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **56-2156341**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, SUSAN K  
6033 34TH STREET W. #56  
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$900.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 #	<b>P99000079708</b>
NAME	<b>BLUE MIST MANAGEMENT, INC.</b>
STREET ADDRESS	<b>3404 WAKE FOREST ROAD, SUITE 201</b>
CITY-ST-ZIP	<b>RALEIGH NC 27609</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>3100 Duraleigh Rd #200</b>
CITY-ST-ZIP	<b>RALEIGH NC 27612</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>500022069976 08/05/03--01044--016 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* **SIGNATURE REQUIRED** 7/24/03 919-850-0880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)