

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1026.25

000007 AT

DOCUMENT # A99000001922



1. Entity Name
CLARMART II LIMITED PARTNERSHIP

FILED
03 DEC 31 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
505 WEKIVA SPRINGS ROAD, SUITE 500
LONGWOOD FL 32779

Mailing Address
505 WEKIVA SPRINGS ROAD, SUITE 500
LONGWOOD FL 32779



2. Principal Place of Business
994 lake destiny ROAD
Suite 102
Altamonte Springs FL
Zip 32714 Country USA

3. Mailing Address
994 lake destiny ROAD
Suite 102
Altamonte Springs FL
Zip 32714 Country USA

DUE BY SEPTEMBER 24, 2003

4. FEI Number 59-3623193 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
JURGENS, J A
505 WEKIVA SPRINGS ROAD, SUITE 500
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
Name Albert E Ford II Esq
Street Address (P.O. Box Number is Not Acceptable)
994 lake destiny ROAD, Suite 102
City Altamonte Springs FL Zip Code 32714

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 *[Signature]* DATE 12/17/03

9. Capital Contributions as Shown on record. \$2,470,245.00

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 #	P99000095502	STREET ADDRESS	50 Albert E Ford II	
NAME	LAZAAN INVESTMENTS, INC.	CITY-ST-ZIP	994 lake destiny Rd, Suite 102	
STREET ADDRESS	505 WEKIVA SPRINGS ROAD, SUITE 500		Altamonte Springs, FL 32714	
CITY-ST-ZIP	LONGWOOD FL 32779			
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REINSTATEMENT 2003
MK

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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]* DATE 12-1-03 DAYTIME PHONE # 407 234-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (4/03)