2001 UNIFORM BUSINESS REPORT (UBR)

0010765 AF

DOCUMENT # A99000002204

1. Entity Name

DIAG INVESTMENT II, LTD.

FILED MC 1/19

01 JAN 17 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4901 TAMIAMI TRAIL NORTH NAPLES FL 34103	4901 TAMIAMI TRAIL NORTH NAPLES FL 34103

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3613156 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
U.S. INVESTOR SERVICES, INC. 4901 TAMIAMI TRAIL NORTH NAPLES FL 34103-3010	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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $90,000.00

10. Amount of Capital Contributions in FLORIDA to date. 3,465,000.00

11. MAKE CHECK PAYABLE TO 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 # P99000021895 NAME COCONUT MANAGEMENT, INC. STREET ADDRESS 4001 TAMIAMI TRAIL N., SUITE 265 CITY-ST-ZIP NAPLES FL 34103	STREET ADDRESS 4901 Tamiami Trail North CITY-ST-ZIP Naples,Fl. 34103
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP PF $526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 300003553853--4 01/18/01 01065 002 ****526.25 ****526.25
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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 REQUIRED 1-11-01 941-213-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)