

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B93000000199

1. Entity Name
EAGLES LANDING II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 28 PM 1:25

Principal Place of Business
2750 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL 32301

Mailing Address
2750 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL 32301-6233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1092201**

Applied For
 Not Applicable

Zip Country

Zip Country

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

THAMES, WILLIAM G JR.
2750 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32301

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. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P31581**
NAME **ARBOR PROPERTIES, INC.**
STREET ADDRESS **2750 OLD ST. AUGUSTINE RD.**
CITY - ST - ZIP **TALLAHASSEE FL 32301**

STREET ADDRESS
CITY - ST - ZIP **000003350090--1**
-08/08/00-01099-000
******141.25 ****141.25**

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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: **WILLIAM G. THAMES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **6/29/00** Daytime Phone # **850-656-7667**

CR2E003 (9/99)