

# 2002 UNIFORM BUSINESS REPORT (UBR)

14 ASSOCIATION

**DOCUMENT # B93000000199**

1. Entity Name  
**EAGLES LANDING II, LTD.**

**FILED**  
02 APR 30 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
**2750 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32301**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**

4. FEI Number **63-1092201**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**THAMES, WILLIAM G JR.  
2750 OLD ST. AUGUSTINE ROAD  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **John C. Kenny, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**241 East 6th Ave.**

City **Tallahassee** FL Zip Code **32303**

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 DATE **4/30/02**

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	
DOCUMENT #	<b>P31581</b>
NAME	<b>ARBOR PROPERTIES, INC.</b>
STREET ADDRESS	<b>2750 OLD ST. AUGUSTINE RD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>000005481670--7</b>
CITY-ST-ZIP	<b>-05/07/02--01071--025</b>
	<b>****150.00 ****150.00</b>
STREET ADDRESS	
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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: DATE **4/30/02** (850)656-7667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)