

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 **4/30/02**
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. **\$996.00**

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 #	P31581
NAME	ARBOR PROPERTIES, INC.
STREET ADDRESS	2750 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP	TALLAHASSEE FL 32301
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	000005481670--7
CITY-ST-ZIP	-05/07/02--01071--025
	****150.00 ****150.00
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: **WILLIAM G. THAMES, JR.** **4/30/02** **(850)656-7667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)