2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUI | MENT # B9400 | 0000200 | | · · · · · · · · · · · · · · · · · · · | | , | |
|--|--|---|-------------------------|--|---|---|---------------------------------------|
| ADVENT REALTY LIMITED PARTNERSHIP II | | | | | FILED | | |
| | | | | | 00 MAY -2 PM 4: 20 | | |
| Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON MA 02109 | | Mailing Address C/O TA ASSOCIATES REALTY 28 STATE STREET. 10TH FLOOR BOSTON MA 02109-1775 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | - | | ACIA oc iah ed eko arbar dokar obak bera arba | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. FEI Number | 04-3092357 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of | Status Desired 💢 | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | | | 7. Name and Ad | idress of New Register | ed Agent | |
| CORDODATION OFFINER COMMANY | | | | Name " . | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| TALLAHASSEE FL 32301-2525 | | | | ; : | | | |
| | | | | City FL Zip Code | | | |
| 9. Capital Cor as Shown o | A GENERAL PARTNER T NOTE: General Partners MA | Y NOT be changed on th | te. FITY M e form | \$10,073, UST BE REGIST | TERED AND ACT | TIVE WITH THIS OFF | partner. |
| 12. | GENERAL PARTNER | RINFORMATION | 13. | 1 | . | ADDRESS CHANGES | JINLT |
| DOCUMENT# NAME STREET ADDRESS : CITY-ST-ZIP | B94000000207 ADVENT REALTY G.P. II LIMITED PARTNERSHIP 28 STATE STREET, 10TH FLOOR BOSTON MA 02109 | | | - ST - ZIP | · · · · · · · · · · · · · · · · · · · | | 17101 |
| DOCUMENT# | F9500003085 ADVENT REAL ESTATE INVESTMENT TEXAS CORP. | | | EET ADDRESS | 800032917181 -06/15/0001088015 ************************************ | | |
| STREET ADDRESS CITY+ST+ZIP | | | | -ST-ZIP | | | |
| document/ . Name | | | | EET ADORESS - | | | |
| STREET ADDRESS CITY - ST - ZIP | | | CITY | -ST-ZIP | | | |
| DOCUMENT # NAME STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY+ST+ZIP | | | СПҮ | -ST-ZIP | | | |
| NAME STREET ADDRESS | , | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | | - | - ST-ZIP | | | |
| NAME STREET ADDRESS | , | | STRI | EET ADORESS | : | | |
| CITY-ST-ZIP | en en | | | -ST-ZIP | | Florida Over 11 11 | |
| indicated the receiv | certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute this yeart Real Retate Tryye | that my signature shall have to s report as required by Chapto | ne sam er 620, | e legal effect as if n Florida Statutes | nade under oath; th | nat I am a General Partne | er of the limited partnership or |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

SIGNATURE:

202-778-6150 Daytime Phone #