

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000254**

1. Entity Name

PMI LP II LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

1499 WINDHORST WAY, SUITE 100
GREENWOOD IN 46143

Mailing Address

1499 WINDHORST WAY, SUITE 100
GREENWOOD IN 46143-8800



DO NOT WRITE IN THIS SPACE

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

35-1924429

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

~~WHITACRE, CRYSTAL J~~
~~8184 WOODLAND CENTER BLVD.~~
~~TAMPA FL 33614~~

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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

Francis P. Regan
Signature, typed or printed name of registered agent and title if applicable.

Francis P. Regan, Asst. Secy

6/27/00
DATE

(NOTE: Registered Agent signature required when reinstating)

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 # F94000003454
NAME PMI ADMINISTRATION, INC.
STREET ADDRESS 1499 WINDHORST WAY, SUITE 100
CITY-ST-ZIP GREENWOOD IN 46143

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100003414741--2

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***150.00 ***150.00

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STREET ADDRESS

CITY-ST-ZIP

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:

Dennis Madden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/00
Date

317-888-4400
Daytime Phone #

CR2E003 (9/99)