2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000300

1. Entity Name

BUZZMAN PARTNERS II, LIMITED PARTNERSHIP

FILED

02 APR 29 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001892 AB

Principal Place of Business	Mailing Address
10440 LITTLE PATUXENT PKWY.. #1100 COLUMBIA MD 21044	10440 LITTLE PATUXENT PKWY.. #1100 COLUMBIA MD 21044

2. Principal Place of Business		3. Mailing Address	
10440 LITTLE PATUXENT PKWY		10440 LITTLE PATUXENT PKWY	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700	
City & State COLUMBIA, MD		City & State COLUMBIA, MD	
Zip 21044	Country USA	Zip 21044	Country USA

DUE BY MAY 1, 2002

4. FEI Number 23-2771843 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,350,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,350,000.00	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 #	B94000000029	STREET ADDRESS	10440 LITTLE PATUXENT PKWY, SUITE 700
NAME	SUSA PARTNERSHIP, L.P.		
STREET ADDRESS	10440 LITTLE PATUXENT PKWY., #1100	CITY-ST-ZIP	COLUMBIA, MD 21044
CITY-ST-ZIP	COLUMBIA MD 21044		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (9/01)

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: SIGNATURE REQUIRED DONNA BUCK 4/25/2002 410-884-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #