

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000413

1. Entity Name

TRIANGLE V II, LIMITED PARTNERSHIP

Principal Place of Business

331 WEST MAIN STREET, 4TH FLOOR  
DURHAM NC 27701

Mailing Address

331 WEST MAIN STREET, 4TH FLOOR  
DURHAM NC 27701-3232

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1811272

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNITED CORPORATE SERVICES, INC.

9200 SOUTH DADELAND BLVD.

SUITE 508

MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$3,200,000.00

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 # F94000005292  
NAME LEXINGTON MARK PROPERTIES CORP.  
STREET ADDRESS 331 WEST MAIN STREET, 4TH FLOOR  
CITY - ST - ZIP DURHAM NC 27701

STREET ADDRESS

CITY - ST - ZIP

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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)(l), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Lexington Mark Properties*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-28-00 (973) 538-7111

Date

Daytime Phone #