2002	2 UNIF	ORM BUS	NESS REP	ORT	(UBF	₹)					
CUMENT # B9400000425 1. Entity Name							FILED				
ORANGE OAKRIDGE PARK ASSOCIATES PHASE II, L.P., LTD.							02 FEB 15 PM 2: 10 SECRETARY OF STATE TAULAHASSEE, FLORIDA				
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751			Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961					TAELAHAS			
Principal Place of Business A. Mailing Address					,			218 18111 0 1817 88111 3 8113 81			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
City & State			City & State				4. FEI Number	59-3210329		Applied For Not Applicable	
Zip	(Country	Zip	Соил	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name an	d Address of Current	Registered Agent		1		7. Name and A	ddress of New Regis		•	
B & C CORPORATE SERVICES OF CENTRAL, FLA 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801					Name Street Address (P.O. Box Number is Not Acceptable) City Lip 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. DATE 9. Capital Contributions CA COC CE 1 OD 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE									TO DEOT OF STATE		
9. Capital Contributions as Shown on record. \$4,686,651.00				10. Amount of Capital Contributions in FLORIDA to date.						FEE INFORMATION	
e			HAT IS A BUSINESS Y NOT be changed or								
12. GENERAL PARTNER INFORMATION 1								ADDRESS CHANG	ES ONLY	·	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A9300000229 CED CAPITAL HOLDINGS III, LTD. 1551 SANDSPUR ROAD MAITLAND FL 32751				ET ADDRESS -		9000049606792				
DOCUMENT # NAME					ET ADDRESS	•	9000049606792 -02/20/0201048008 ****526,25 ****526,25				
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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: