B94000000425 **DOCUMENT #**

ORANGE OAKRIDGE PARK ASSOCIATES PHASE II, L.P., LTD.



FILED

03 APR 14 PM 2: 26

CRETARY OF STATE

Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751				Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961			ALLAHASSEE, FLORIDA	
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State				City & State			4. FEI Number 59-3210329 Applied For Not Applicable	
Zip	Zip Country			Zip Country		try .	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent						-	7. Name and Address of New Registered Agent	
B & C CORPORATE SERVICES OF CENTRAL, FLA 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801						Name Street Ad	Address (P.O. Box Number is Not Acceptable)	
						City	FL Zip Code	
B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE								
9. Capital Contributions \$4,686.651.00 10. Amount of Capital						Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
as Shown on record. in FLORIDA to date. 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 12. GENERAL PARTNER INFORMATION 13.						endment must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT#	A9300000)229		NFORMATION .		ET 4000000		
NAME STREET ADDRESS CITY-ST-ZIP	CED CAPITAL HOLDINGS III, LTD. 1551 SANDSPUR ROAD MAITLAND FL 32751					ET ADDRESS - -ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP					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)(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:

Date

Daytime Phone #