2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # B9600000056 1. Entity Name | | | | | | FILET |
|---|--|--------------|--------------|--|--|---|
| U.S. RETAIL INCOME FUND II, LIMITED PARTNERSHIP | | | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS |
| Principal Place of Business Mailing Address | | | | | | 00 APR 28 AM 3: 05 |
| 3350 RIVERWOOD PKWY STE. 1500 3350 RIVERWOOD PKWY S | | | STE. 1 | 500 | | i wh |
| ATLANTA GA 30339 ATLANTA GA 30339-3399 | | | | | | , , <u>, , , , , , , , , , , , , , , , , </u> |
| | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | T (BENIER IDER IDNIS BRITA BORK BORK) BOTH BRITA BORN BORN BORN BRITA BRITA |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | |
| City & State | | City & State | City & State | | | 4. FEI Number 62-1635155 Applied For Not Applicable |
| Zip Country | | Zip Country | | ntry | | 5 Cortificate of Status Desired \$8.75 Additional |
| | | l l | 4 | | | 7. Name and Address of New Registered Agent |
| 6. Name and Address of Current Registered Agent | | | | Name | | 7. Haine and Address of New Registered Agent |
| C T CORPORATION SYSTEM | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | | | |
| PLANTATION FL 33324 | | | | | | |
| | | | | 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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 must be filed to change a general partner. | | | | | | |
| 12. GENERAL PARTNER INFORMATION DOCUMENT# F9400005615 | | | | | | |
| NAME | BVT INSTITUTIONAL INVESTMENTS, INC. 3350 CUMBERLAND CIRCLE, S-1500 | | STR | EET ADDRESS | 339 | 50 Riverwood Parkay, Ste 1500 |
| STREET ADDRESS CITY-ST-ZIP | | | СПУ | -ST-ZIP | Atlanta, CA 30339 | |
| DOCUMENT# | F9400005616 | | | EET ADDRESS | | |
| STREET ADDRESS | NEW YORK NY 10017 | | CITY | '-ST-ZIP | 2000032690925 | |
| CITY-ST-ZIP DOCUMENT# | | | | | -05/26/0001103004 ****141.25 ****141.25 | |
| NAME | | | SIR | EET ADDRESS | | , |
| STREET ADDRESS CITY-ST-ZEP | · | | CITY | -ST-ZIP | | |
| DOCUMENT# | | | STR | EET ADORESS | | |
| STREET ADDRESS CITY - ST - ZIP | ESS | | | -ST-ZIP | | |
| DOCUMENT# | | | STR | EET ADDRESS | | |
| NAME Street address | | | СПУ | '-ST-ZIP | | |
| CITY - ST - ZIP | | | VI+T | οι-αr | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | |
| 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 | | | | | | |

770-618-350 2 Daytime Phone #

Dat

4.18.00

Date

SIGNATURE: