

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019638 AF

DOCUMENT # B96000000056

1. Entity Name

U.S. RETAIL INCOME FUND II, LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>3350 RIVERWOOD PKWY., STE. 1500<br>ATLANTA GA 30339 | Mailing Address<br>3350 RIVERWOOD PKWY., STE. 1500<br>ATLANTA GA 30339 |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>62-1635155 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |
|---|

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|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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. \$2,300,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. 0. | 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 |                                     |
|---------------------------------|-------------------------------------|
| DOCUMENT #                      | F94000005615                        |
| NAME                            | BVT INSTITUTIONAL INVESTMENTS, INC. |
| STREET ADDRESS                  | 3350 RIVERWOOD PKWY., STE. 1500     |
| CITY-ST-ZIP                     | ATLANTA GA 30339                    |
| DOCUMENT #                      | F94000005616                        |
| NAME                            | VJWB INVESTMENTS, INC.              |
| STREET ADDRESS                  | 575 FIFTH AVENUE, 17TH FLOOR        |
| CITY-ST-ZIP                     | NEW YORK NY 10017                   |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY-ST-ZIP                     |                                     |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY-ST-ZIP                     |                                     |
| DOCUMENT #                      |                                     |
| NAME                            |                                     |
| STREET ADDRESS                  |                                     |
| CITY-ST-ZIP                     |                                     |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
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| STREET ADDRESS           |  |
| 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: Melanie Burt 4-25-01 770.618-3502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)