2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9600000273 1. Entity Name						$\sim \theta'$
FRONTIER II PROPERTIES LIMITED PARTNERSHIP					FILED	
Principal Place of Business Mailing Address					1 FEB 15 AM 11: 58	•
8201 PRESTON ROAD. SUITE 300 Ballas TX 75225 Ballas TX 75225 Ballas TX 75225			TE 300	U T	SECRETARY OF STATE ALLAHASSEE, FLORIDA	HA BRANT BRANT BONTO NOCAN ARBORA ANTA 1880
2. Principal Place of Business		3. Mailing Address		- 	66 61 63 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 75-2414930	Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Regi	stered Agent
Name						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)		
			ļ			
				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. \$12,216,600.00 In FLORIDA to date.					11. MAKE CHECK P	AYABLE TO DEPT. OF STATE 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 #	AFNT # 1400000000000000			ET ADDRESS		
NAME STREET ADDRESS	FRONTIER HOLDINGS, L.L.C. 8201 PRESTON ROAD, SUITE 300 DALLAS TX 75225		Jine	170011630		
			CITY-	^{(-SI-ZIP} 3000003746623S		466239
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STREET ADDRESS CITY-ST-ZIP	ss		CITY-	ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP	58			ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT #			STREE	ET ADDRESS		-
NAME STREET ADDRESS	ADDRESS			<u></u>		
CITY-ST-ZIP			CITY-	ST-ZIP		
DYCUMENT / NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT #			STREE	T ADDRESS		
STREET ADDRESS			CITY-	ST-ZIP		
C/TY-ST-Z/P	portify that the information available to the	this filing does not much for the		<u></u>	otion 110 07/0V/0 Florida Company 15	ther earlies that the intermedia-
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:



2/1/01

214/692.4200