

2001 UNIFORM BUSINESS REPORT (UBR)

0016016 AF

DOCUMENT # B96000000407
1. Entity Name
BEACON BROWN II LIMITED PARTNERSHIP

FILED
 01 JAN 29 AM 11:25

Principal Place of Business **Mailing Address**
 225 EAST REDWOOD STREET 225 EAST REDWOOD STREET
 BALTIMORE MD 21202 BALTIMORE MD 21202

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **Applied For**
 52-1852706 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE 526.25
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**
 \$1,224,000.00

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 #	F96000005519
NAME	BROWN ASHLEY CREEK II, INC.
STREET ADDRESS	225 EAST REDWOOD STREET
CITY-ST-ZIP	BALTIMORE MD 21202
DOCUMENT #	M96000000418
NAME	WATER STREET II, L.L.C.
STREET ADDRESS	121 WATER STREET, SUITE 400
CITY-ST-ZIP	BALTIMORE MD 21202
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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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: **Date** 01/22/01 **Daytime Phone #** 410-727-4083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
TEMOTHY M. GISRIEL, TREASURER

CR2E003 (11/00)