2003	LIMITED	PARTNER	SHIP
<u>UNIFORM</u>	I BUSINE	SS REPO	RT <u>(U</u> BR)

B97600000048 **DOCUMENT #** 

1. Entity Name
POWELL PROPERTIES II, LTD.



FILED 03 APR 16 PM 2: 44

Principal Place of Business Mailing Address 626 KENTUCKY AVENUE P.O. BOX 1080 PADUCAH KY 42003 PADUCAH KY 42002						SECRETARY OF STATE TALLAHASSEE FLORID				
Principal Place of Business     3. Mailing Address			<u> </u>	<del></del>						
Suite, Apt. #, etc. Suite, Apt. #, etc		uite, Apt. #, etc.	<u> </u>		<del>-  -   </del>	DUE BY MAY 1, 2	2003			
City & State City & State			ity & State			<b>4.</b> F	El Number 61-1294679	Applied For Not Applicable		
Zip	Country Zip Co			Coun	itry		Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registe	red Agent		7. Name and Address of New Registered Agent				
C T CORE	PORATION :	SYSTEM	•			Name				
	INE ISLAND					Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)	-	
,	ON FL 333		,			<u> </u>				
	011 1 2 000	<b>-</b> 4								
						City		F	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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if a	pplicable.				. DATE		
9. Capital Co as Shown		\$903,500.00		10. Amount of Capita in FLORIDA to d		outions 903	3,50	11. MAKE CHECK PAYABL SEE REVERSE SIDE F	E TO FL. DEPT. OF STATE OR FEE INFORMATION	
,						UST BE REGI	ISTEREC	O AND ACTIVE WITH THIS OFFICE t be filed to change a general pa		
12.	HOTE.	GENERAL PARTNER		<del></del>	13.	, an amendan	- III IIIus	ADDRESS CHANGES O		
DOCUMENT #		,			CTD	ET ADDRESS				
NAME		GREGORY L			Sini	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ABILENE 1	TIN STREET TX 79601			CITY	-ST-ZIP				
DOCUMENT # NAME	POWELL,	JOF A			STRE	ET ADDRESS	ļ	<b>200016104</b> 3 04/16/0301025014	##\$26.25	
STREET ADDRESS !	14 WEST	VALE			CITY	-ST-ZIP				
DOCUMENT # NAME	POWELL,				STRE	ET ADDRESS	<del>_</del>			
STREET ADDRESS CITY-ST-ZIP		and drive			CITY	-ST-ZIP				
DOCUMENT # NAME		PATRICK S			STRE	ET ADDRESS				
STREET ADORESS CITY-ST-ZIP	2 WEST V. PADUCAH				CITY	-ST-ZIP		•		
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			at 1 700				<u> </u>	10.07(2)(i) Florido Ctatutos I fuelhas as	- 415 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

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:

CR2E003 (10/02)