

2001 UNIFORM BUSINESS REPORT (UBR)

0015944 AF

DOCUMENT # B97000000640

1. Entity Name
PORTFOLIO INVESTORS II, L.P.

FILED

Principal Place of Business
**ONE BELMONT AVE., SUITE 401
GSB BUILDING
BALA CYNWYD PA 19004**

Mailing Address
**ONE BELMONT AVE., SUITE 401
GSB BUILDING
BALA CYNWYD PA 19004**

01 APR 23 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **23-2933901** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,478,925.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,478,925.00**

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 #	F97000006090
NAME	BERGEN OF FLA-NJ, INC.
STREET ADDRESS	ONE BELMONT AVE., SUITE 401, GSB BUILDING
CITY-ST-ZIP	BALA CYNWYD PA 19004
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004162218--6
CITY-ST-ZIP	-05/08/01--01076--007
STREET ADDRESS	***526 25 ***526 25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **By: [Signature] general partner** Date: **4/18/01** Daytime Phone #: **610-668-2540**

Loisella M. Kelly, Vice Pres., Secty

CR2E003 (11/00)