2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

				/			
DOCUMENT # B9700000640 1. Entity Name							
PORTFOLIO INVESTORS II, L.P.					FILED		
					2002 APR 29 AM II: 06		
Principal Place of Business Mailing Address					DIVIDION OF CORPORATIONS		
ONE BELMONT AVE SUITE 401 ONE BELMONT AVE SUIT GSB BUILDING GSB BUILDING			ITE 401		TALLAHASSEE, FLORIDA		
BALA CYNWY	D PA 19004	BALA CYNWYD PA 19004	;] 	BAND BINN BIBIL BANK (BB)	
2. Principal Place of Business 3. Mailing Address				<u> , </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.							
					DUE BY MAY 1, 2002		
City & State City & State					4. FEI Number 23-2933901	Applied For Not Applicable	
Zip Country		Zip	Zip Country			.75 Additional Required	
6. Name and Address of Current Registered Agent				·	7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY					Name		
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525							
•				City	ty 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. 9. Capital Contributions \$2,478,925.00 10. Amount of Capital Contributions				butions ~\$2&47	8.925.00 11. MAKE CHECK PAYABLE TO	DEPT. OF STATE	
as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						E INFORMATION	
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 / F9700006090			13.		ADDRESS CHANGES ONLY		
NAME	BERGEN OF FLA-NJ, INC.		STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	ONE BELMONT AVE., SUITE 401, GSB BUILDING BALA CYNWYD PA 19004		CITY	-ST-ZIP	0000055024103		
DOCUMENT # NAME				EET ADDRESS	-05/10/0201036013 ****526.25 *****526.25		
STREET ADDRESS	TADDRESS			-ST-ZIP	****525.25	※奈井本ラムワ。ムコ	
CITY-ST-ZIP ~~ DOCUMENT #				· · · · · · · · · · · · · · · · · · ·	material and the statement of the statem		
NAME				EET ADDRESS			
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS			CITY	-ST-ZIP			
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the				mption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify the	nat the information	
indicated	on this report is true and accurate and t	hat my signature shall have t	the same	e legal effect as if m	ade under oath; that I am a General Partner of the	imited partnership or	