

2001 UNIFORM BUSINESS REPORT (UBR)

001558 AF

DOCUMENT # B97000000717

1. Entity Name

ATLANTIC PARTNERS GROUP II, L.P.

Principal Place of Business

26221 MARSH LANDING PARKWAY
PONTE VEDRA BEACH FL 32082

Mailing Address

26221 MARSH LANDING PARKWAY
PONTE VEDRA BEACH FL 32082

FILED
01 MAR 12 PM 12:23
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

4. FEI Number

59-3489503

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH FL 32082

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

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.

\$7,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M97000000892
NAME CIMC ATLANTIC II, LLC.
STREET ADDRESS 26221 MARSH LANDING PARKWAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS
CITY-ST-ZIP 400003854764--8
03/15/01--01096--020
****141.25 ****141.25

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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:

David L. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-8-01

Date

Daytime Phone #

CR2E003 (11/00)