

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018639 MB

**DOCUMENT # B98000000247**  
 1. Entity Name  
**SOUTHPORT SPRINGS II, L.P.**



**FILED**  
 03 APR 22 AM 8:46  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA **MJH**

Principal Place of Business  
**C/O ROSOW & COMPANY**  
 167 OLD POST ROAD  
 SOUTHPORT CT 06490

Mailing Address  
**C/O ROSOW & COMPANY**  
 167 OLD POST ROAD  
 SOUTHPORT CT 06490



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **06-1513308**

Applied For  
 Not Applicable

Zip  
**06890**

Country

Zip  
**06890**

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>M98000000391</b>
NAME	<b>SOUTHPORT SPRINGS ANNEX, LLC</b>
STREET ADDRESS	<b>167 OLD POST ROAD</b>
CITY-ST-ZIP	<b>SOUTHPORT CT 06490</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>ZIP - 06890</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>800016678178</b> <b>04/22/03--01071--018 **141.25</b>
STREET ADDRESS	
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: *[Signature]* RECHASTOR, HED & ROSOW, MGR, GA **4/15/03** **203-259-7272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)