## **2001 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT #B9800000257   |                                     |                  |   |             |                |   |  |  |
|---|-------------------------------------|------------------|---|-------------|----------------|---|--|--|
| ART FLORIDA PORTFOLIO II, LTD.  |                                     |                  |   |             |                | FILED ~   |  |  |
| Principal Plac<br>10670 N. CENT<br>DALLAS TX 75   | TRAL EXPRES                         |                  | Mailing Address 10670 N. CENTRAL EXPRESSWAY, #600 DALLAS TX 75231 |             |                | O1 MAR 16 AM II: 56  SECRETARY OF STATE TALLAHASSEE, FLORIDA                        |  |  |
| 2. Principal P<br>1800 V<br>Suite, Apt.   | alley V                             | ess<br>Tiew Lane | 3. Mailing Address 1800 Valley View Lane Suite, Apt. #, etc.      |             |                | DO NOT WRITE IN THIS SPACE  |  |  |
| 300<br>City & State   |                                     |                  | 300<br>City & State<br>Dallas, TX                                 |             |                | 4. FEI Number Applied For Not Applicable  |  |  |
| Zin   | Dallas, TX Zip 75234 Country Dallas |                  | Zip 75234 Count   |             | try Dallas     | 5. Certificate of Status Desired  |  |  |
| 6. Name and Address of Current Registered Agent   |                                     |                  |   |             |                | 7. Name and Address of New Registered Agent   |  |  |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  |                                     |                  |   |             |                | eet Address (P.O. Box Number is Not Acceptable)                                     |  |  |
| 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 epplicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                                     |                  |   |             |                |   |  |  |
| 9. Capital Contributions 4  |                                     |                  |   |             |                | 10.00 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 13. ADDRESS CHANGES ONLY  |                                     |                  |   |             |                |   |  |  |
|   | F98000002                           |                  |   |             | T              |   |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP ART FLORIDA PARTNERS, INC. 10670 N. CENTRAL EXPRESSWAY, #600 DALLAS TX 75231  |                                     |                  |   |             |                | Dallas, TX 75234  |  |  |
| DOCUMENT #<br>NAME  |                                     |                  |   | STRE        | ET ADDRESS     |   |  |  |
| STREET ADDRESS<br>CITY+ST-ZIP   |                                     |                  |   | CITY        | -ST-ZIP        |   |  |  |
| DOCUMENT #<br>NAME ~ ~  |                                     |                  | STRE  | EET ADDRESS |                |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | P                                   |                  | CITY  | -ST-ZIP     | 600003889596 1 |   |  |  |
| DOCUMENT # NAME STREET ADDRESS  | i                                   |                  |   | STRE        | EET ADDRESS    | ****141.25 ****141.25   |  |  |
| CITY-ST-ZIP   |                                     |                  |   | CITY        | -ST-ZIP        |   |  |  |
| NAME  |                                     |                  |   | STRE        | EET ADDRESS    |   |  |  |
| STREE_ADDRESS CITY-ST-ZIP   |                                     |                  |   | CITY        | -ST-ZIP        |   |  |  |
| DOCUMENT #<br>NAME  |                                     |                  |   | STRE        | ET ADDRESS     |   |  |  |
| STREET ADDRESS CITY-ST-ZIP  |                                     |                  |   |             | -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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 1 Date Date Dayling Phone *   |                                     |                  |   |             |                |   |  |  |
| Robert A. Waldman, Secretary  |                                     |                  |   |             |                |   |  |  |