

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -1 AM 8: 58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # B98000000714

1. Entity Name

Triumph-Connecticut II LP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28 State St 37th Fl

3. Mailing Address

28 State St 37th Fl

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
Boston MA

City & State
Boston MA

4. FEI Number
04-3439999

Applied For
Not Applicable

Zip
02209 Country
USA

Zip
02109 Country
USA

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 0

10. Amount of Capital Contributions in FLORIDA to date. 0

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<u>B98000000713</u>	<u>Tri-Conn II Advisors LP</u>	<u>28 State St 37th Fl</u>	<u>Boston MA 02109</u>		
					700006224347--5
					-07/05/02--01056--010
					***150.00 ***150.00
					DO NOT WRITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE

CR2E003B (12/01)

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: Peter Schofield

5/24/02 617-722-0881