

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90037 020 ****55.00

DOCUMENT # L00000000177

1. Entity Name

FALCON PARTNERS REALTY AND CAPITAL II, LLC

Principal Place of Business

**3300 UNIVERSITY DRIVE
 SUITE 001
 CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DRIVE
 SUITE 001
 CORAL SPRINGS FL 33065**

0 2 0 0 0 0



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

65-0973001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSON, GARY N
 1645 PALM BEACH LAKES BLVD.
 SUITE 1200
 WEST PALM BEACH FL 33418**

Name **Cora D. Fiore**

Street Address (P.O. Box Number is Not Acceptable)

3300 University Dr

City

Coral Springs

FL

Zip Code

33065

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

Cora D. Fiore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **FALCONE, ARTHUR**
 STREET ADDRESS **3300 UNIVERSITY DR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Arthur Falcone

2-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)