

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 018 ****50.00

DOCUMENT # L01000021328

1. Entity Name

CAPITAL DEVELOPMENT PARTNERS II, LLC

DO NOT WRITE IN THIS SPACE

957283

2. Principal Place of Business

9500 SATELLITE BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 170

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32837

Country

USA

Zip

Country

4. FEI Number

59-3760116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DOUGLAS G. MACGREGOR

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

9500 SATELLITE BLVD., SUITE 170

City

ORLANDO

FL

Zip Code

32837

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.

Douglas G. MacGregor

April 30th, 2002

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGING MEMBER
NAME DOUGLAS G. MACGREGOR
STREET ADDRESS 12012 CANAL STREET
CITY-ST-ZIP ORLANDO, FL 32837

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CR2E083B (12/01)

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:

Douglas G. MacGregor

April 30th, 2002

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

Date

Daytime Phone #