

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001701**

1. Entity Name
ACP-HERITAGE II, LLC

FILED

01 MAY -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1353 PALMETTO AVENUE, SUITE 125
WINTER PARK FL 32789

Mailing Address
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
512 E. Washington St.
Suite, Apt. #, etc.
Ste. 200

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

City & State
Orlando, FL

City & State

4. FEI Number
65-0863275

Applied For
Not Applicable

Zip
32801

Country
USA

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004375195--2
-06/07/01--01028--018
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGR** Delete
STREET ADDRESS **ACP-HERITAGE II, INC.**
CITY-ST-ZIP **701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131**

TITLE
NAME **Mgr. ACP Heritage II, Inc.** Change Addition
STREET ADDRESS **512 E. Washington St., Ste. 200**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE
NAME Delete

TITLE
NAME Change Addition

TITLE
NAME Delete

TITLE
NAME Change Addition

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NAME Delete

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NAME Change Addition

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NAME Change Addition

TITLE
NAME Delete

TITLE
NAME Change Addition

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:

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

Date

Daytime Phone #

[Signature]
James E. Heistand 5/04/01

407/650-0593