2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

		10007336							_	
1. Entity Name MUNICAP.1999-II, L.L.C.						00 APR -3 PM 12: 42				
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Principal Place of Business Mailing Address			_		PLLAI	W	x 41'			
4114 NORTHLAKE BLVD 4114 NORTHLAKE B SUITE 302 SUITE 302)			1	()			
PALM BEACH GARDENS FL 33410 PALM BEACH GARDE			S FL 33410	3-6271			•••••••			
2. Principal P	lace of Business	, 3. Mailing Address			7		OQ!II ISIII ISTI I	KIOR IKIJO BILI 1991	ı	
Suite, Apt. #, etc. Si		Suite Ant # etc	Suite, Apt. #, etc.		_	DO NOT WRITE IN T	THE CDACE			
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City & State		City & State			4. FEI Number Applied For					
Zip Country		Zip Coun		itry			Not Applicable \$5.00 Additional			
				,	5. Certificate of Status Desired Fee Required					
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Registe	red Agent			
WHELIHAN, JOSEPH T										
4114 NORTHLAKE BLVD				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 302	2									
PALM BEACH GARDENS FL 33410				City			FL Zip C	ode		
9 The above	named entity submits this statement for	or the purpose of changing it	to register	od office or regis	torod agent		-			
o. The above	maried entity submits this statement to	or the purpose of changing in	is register	ed office of regis	tered agent,	of boar, in the state of rionea.				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Bagietara	d Agent signature requ	irad when reinetat	ino).	ATE ,			
	Signature, typed or printed flattle of registered agent.	and the mappineasts.	TE. Flogistoro	a Agont aightataid requ	TO THE TOTAL		AIE ,	- 	\dashv	
	• •			FEE IS \$50.0		,				
		Make Check P	ayable t	o vepartment	or State				1	
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHAN	GES			
TITLE	MGRM MUNICIPAL CAPITAL, INC.	☐ Detete	TITU			30000321			ы 66/6	
NAME MUNICIPAL CAPITAL, INC. 4114 NORTHLAKE BLVD SUITE 302 PALM BEACH GARDENS FL 33410)2		EET ADDRESS	-04/21/0001115008				83	
			CITY	- ST- ZIP		*****2010)() ****	* 50.00	= = = CR2E083 (9/99)	
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CITY- 8T- ZIP				-ST-ZIP		07/0/// Classic Carrier 1/ ::		- }-6	4	
 I hereby of indicated limited lial 	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truster	n this filing does not qualify f I that my signature shall have e empowered to execute this	or the exe e the same s report as	mption stated in e legal effect as i s required by Cha	Sequon 119. f made ungle apter 608/Fig	୦/(૩)(।), Florida Statutes. I furthe r/bath; that I am a managing me yida Statutes.	er certify that the ember or mana	e information iger of the		

SIGNATURE:

JOSEPHATIONELIKA HIRED

(561)622-4202

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Daytime Phone #