

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001136

1. Entity Name
MAITLAND PROMENADE II, L.L.C.

Principal Place of Business Mailing Address
4200 WEST CYPRESS STREET, SUITE 444 4200 WEST CYPRESS STREET, SUITE 444
TAMPA FL 33607 TAMPA FL 33607

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

59-3650011

4. FEI Number APPLIED FOR e Applied For Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

100004192431--6
-05/10/01--01026--003
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR RAUENHORST, NEIL J
4200 WEST CYPRESS, SUITE 444
TAMPA FL 33607

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR GREENFIELD, BARRY W
4200 WEST CYPRESS, SUITE 444
TAMPA FL 33607

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: Barry Greenfield 4/23/01 813-877-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)