

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

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90900 018 ****50.00

DOCUMENT # M02000003512

1. Entity Name

BRISTOL NORTHERN INDUSTRIAL II LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Montgomery Street

3. Mailing Address

400 Montgomery Street

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

San Francisco, CA

City & State

San Francisco, CA

4. FEI Number

52-2391445

Applied For

Not Applicable

Zip

94104

Country

USA

Zip

94104

Country

USA

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

The Corporation Trust Company

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: *Manager MGR*
NAME: *Bristol Group, Inc.*
STREET ADDRESS: *400 Montgomery Street, Suite 400*
CITY-ST-ZIP: *San Francisco, CA 94104*

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IN THIS SPACE**

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: *John J. M. Jay, Chief Financial Officer* 2/21/03 (415) 398-1022

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

Date

Daytime Phone #

CR2E083B (12/02)