

2001 UNIFORM BUSINESS REPORT (UBR)

0029003 AF

DOCUMENT # **M98000000761**

1. Entity Name

AIOP GULFSTREAM OUTLOT II, L.L.C.

FILED

01 JUN -4 AM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3410 SOUTH GALENA STREET, SUITE 210 DENVER CO 80231**
Mailing Address: **3410 SOUTH GALENA STREET, SUITE 210 DENVER CO 80231**

2. Principal Place of Business: **29399 US 19 North**
3. Mailing Address: **29399 US 19 North**
Suite, Apt. #, etc.: **320**

City & State: **Clearwater, FL**

4. FEI Number: **84-1483131**
Applied For: Not Applicable

Zip: **33761** Country: **USA**

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRANDYWINE FINANCIAL SERVICES CORPORATION
2637 MCCORMICK DRIVE
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name: **American Land Lease, Inc.**
Street Address (P.O. Box Number is Not Acceptable):
City: **Clearwater** FL Zip Code: **33761**

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: *Shannon E. Smith* Chief Financial Officer **4/30/01**
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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASSET INVESTORS OPERATING PARTNERSHIP 3410 SOUTH GALENA STREET, SUITE 210 DENVER CO 80231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Asset Investors Operating Partnership 29399 US 19 North, #320 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shannon E. Smith* **4/30/01** **727/726-8868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)