

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U016:10 AF

DOCUMENT # M99000001571

1. Entity Name
IPF-GP II, LLC

Principal Place of Business
3424 PEACHTREE ROAD, N.E., SUITE 1500
MONARCH TOWER
ATLANTA GA 30326

Mailing Address
3424 PEACHTREE ROAD, N.E., SUITE 1500
MONARCH TOWER
ATLANTA GA 30326-1139

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number
58-2494121 APPLIED FOR

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM INDUSTRIAL PROPERTIES AMERICA-GP, LLC
STREET ADDRESS 3424 PEACHTREE ROAD, N.E., SUITE 1500
CITY-ST-ZIP ATLANTA GA 30326

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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: *DAVID R. BIRDWELL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DAVID R. BIRDWELL
TREASURER

4/20/00 404-479-4104
Date Daytime Phone #

CR2E083 (9/99)