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

M99000001896 **DOCUMENT#**

1. Entity Name PRAEDIUM II ETP LLC

Zip

9.

CITY-ST-ZIP

STREET ADDRESS

NAME

10022



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JECRETARY OF STATE TALLAHASSEE. FLORIDA

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	and the financial control of the con
2. Principal Place of Business	3. Mailing Address
950 Third Ave	950 Third Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
18th Floor	18th Floor
City & State New York NY	City & State

Zip

10022

DO NOT WRITE IN THIS SPACE

Applied For 13-4011504 Not Applicable \$5.00 Additional

Fee Required

X

DO NOT WRITE IN THIS SPACE

Country

7. Name and Address of Current Registered Agent									
Name			<u></u>						
201	por arror	Service	COMPANY						
-Street-Addres	ss (P.O. Box Numb	er-is Not Acceptable	e) \						
1201	Havs St	er is Not Acceptable	•						

Tallah assee

5. Certificate of Status Desired

4. FEI Number

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.

Country

SIGNATURE

MANAGING MEMBERS/MANAGERS

FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1**

TITLE TITLE Praedium Opportunity Fund 11, L.P. NAME 950 Third Livenue, 18th Floor STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 10022 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHTY-ST-7/P CITY-ST-ZIP

TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS IN THIS SPACE

CITY-ST-ZIP 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 cath; 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.

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE

CR2E083B (12/02)



ACCOUNT NO. : 072100000032

REFERENCE: 962582

5155201

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE: March 11, 2003

ORDER TIME: 10:55 AM

ORDER NO. : 962582-005

CUSTOMER NO: 5155201

CUSTOMER: Ms. Cynthia E. Kingston

The Praedium Group

18th Floor

950 Third Avenue New York, NY 10022

ANNUAL REPORT FILING

NAME: PRAEDIUM II ETP LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext. 1149

EXAMINER'S INITIALS: