

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90121 025 ***158.75

DOCUMENT # P93000033062 (L)

1. Entity Name
SOUTHERN PROPERTIES FUND II, INC.

Principal Place of Business % RICHARD FINKELSTEIN 1000 CLINT MOORE RD., #110 BOCA RATON FL 33487	Mailing Address % RICHARD FINKELSTEIN 1000 CLINT MOORE RD., #110 BOCA RATON FL 33487
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 65-0412301	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOHL, MICHAEL D
9400 S. DADELAND BLVD.
SUITE 100
MIAMI FL 33156**

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

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD WOHL, MICHAEL D	<input type="checkbox"/> Delete
NAME	WOHL, MICHAEL D	
STREET ADDRESS	9400 S. DADELAND BLVD.; STE. 100	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ENDELSON, KENNETH	
STREET ADDRESS	1000 CLINT MOORE ROAD; STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, RICHARD	
STREET ADDRESS	1000 CLINT MOORE ROAD; STE. 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS-GRAY, JUDY	
STREET ADDRESS	1000 CLINT MOORE RD STE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MATTHEWS-GRAY **JUDY MATTHEWS-GRAY** 4/18/03 561-997-5760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)