2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED Feb 08, 2005 08:00 AM Secretary of State

DOCUMENT # A96000001967 1. Entity Name MARMORSTEIN FAMILY PARTNERSHIP NO. II, LTD.								cretary of State
Principal Place of Business Mailing Address 12466 S.W. 128TH STREET 12466 S.W. 128TH STREET MIAMI, FL 33186 MIAMI, FL 33186								
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc	Suite, Apt. #, etc.			01312005	Chg-LP	CR2E003 (10/03)	
City & State	9		City & State			4. FE) Number 65-0703		Applied For Not Applicable
Zip	Country		p Country				of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Regis	gistered Agent Name		Nama	7. Name and	Address of New F	legistered Agent
283 CATAI	EININGER, PEREZ & ESQI LONIA AVE., 2ND FL ABLES, FL 33134	IENAZI, PL				(P.O. Box Number	r is Not Acceptable	e)
[City			FL Zip Code
	named entity submits this statemer lons of registered agent.	it for the p	urpose of changing its	s register	ed office or registe	red agent, or both	i, in the State of Fig.	orida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered a	gerl and i'lle			t		<u> </u>	'DATE
9. Capital Cor as Shown o	9. Capital Contributions as Shown on record. \$361,957.61 10. Amount of Capital Contributions in FLORIDA to date.							
	A GENERAL PARTNE NOTE: General Partners	R THAT	IS A BUSINESS Ef IT be changed on I	VTITY N	fUST BE REGIS n; an amendmei	TERED AND Ant must be filed	ČTIVE WÎTH TH 1 to change a g	IIS OFFICE. eneral partner.
12.	GENERAL PART	NER INFC	PMATTON	13.		· · · · · · · · · · · · · · · · · · ·	ADDRESS CH	ANGES ONLY
DOCUMENT # NAME	MARMORSTEIN FAMILY ENTERPRISES, INC			SIR	EET ADORESS			
STREET ADDRESS CITY-ST-ZIP	12466 SW 128TH STREET MIAMI, FL 33186		<u> </u>	CAT)	r-SI-ZIP			
DOCUMENT # NAME	_			STR	EET ADDRESS			0219958
STREET ADORESS GITY-ST-ZIP				¢m	r-Sr-ZiP		UC/ UG/ 83	-80049-005 526.25
DOCUMENT # NAME		·	•	STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP			
DOCUMENT # NAME				STR	EET ADORESS			
STREET ADDRESS CITY-ST-ZIP COCUMENT		·- <u></u>		cim	Y-ST-ZIP			
NAME				STR	RET ADDRESS			
				CITY	Y-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS					EET ADDRESS			
City-ST-ZIP	certify that the information supplied	with this f	iling does not ตะเลิโต๊ง fe	or the eve	Y-ST-ZIP emption stated in Si	ection 119.07(3)//), Florida Státutes.	I further certify that the information
indicated the receiv	on this report is true and accurate ver or trustee_empowered to execut	and that repo	ny signature shall have on as required by Cha	o the sampter 620,	ne legal effect as if i Florida Statutes	made under oath;	that I am a Gener	al Partner of the limited partnership or
SIGNAT	TURE:	D OR PRINT	AN WAS SIGNENG GENE	BAL PARTN	IER		3/05 Dale	355 252.1018 Dayline Prone #