

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 APR -5 PM 5:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A96000002172

1. Entity Name
 POINTE VISTA II, LTD.



Principal Place of Business
 800 NORTH HIGHLAND AVE., SUITE 200
 ORLANDO, FL 32803

Mailing Address
 P.O. BOX 4961
 ORLANDO, FL 32802-4961

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

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

City & State

4. FEI Number
 59-3414230

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required



02232004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
 890 N. ORANGE AVE., SUITE 1100
 ORLANDO, FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,132,900.00

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000096198	STREET ADDRESS	
NAME	POINTE VISTA II, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 NORTH HIGHLAND AVE., SUITE 200		
CITY-ST-ZIP	ORLANDO, FL 32803		
DOCUMENT #		STREET ADDRESS	100032100681
NAME		CITY-ST-ZIP	04-07-04 01049-013 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Pointe Vista II, Inc., its general partner Date: 3/29/04 Daytime Phone #: 407-297-1600

Steven A. Krupp Vice President