2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

DOCUMENT # A9700002079					
1. Entity Name THEATRE ASSOCIATES II, LTD.					
Principal Place of Business Mailing Address				2005 HAY -2 □ 4: 19	
240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236		240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number Applied For 65-0783505 Not Applicable	
Zip	Country	Zip	Country	Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
RAND ST	EVEN C		Name	Band, Steven C.	
BAND, STEVEN C EXECUTIVE PROPERTY MANAGEMENT 1991 MAIN STREET #183 SARASOTA, FL 34236			Street Ad	dress (P.O. Box Number is Not Acceptable) 1991 Main Street	
				Box 183	
			City	Sarasota FL Zip Code 34236	
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office or a	registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signatury yourd or printed riskes a figurated agent and tile of applicable. Steven C. Band DATE					
9. Capital Contributions as Shown on record. \$7,500.00 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					
00CUMENT #	P97000082749	H INFORMATION			
NAME	BAK II, INC.		STREET ADDRESS	1991 Main Street, Box 183	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34236	
DOCUMENT / NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	000055194670	
DOCUMENT # NAME			STREET ADDRESS	000055194670 05/24/0501064013 **141.25	
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DOCUMENT #			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	100 - 110	
14. I hereby certify that the information supplied with this filling 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 it 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 David S. Band, Director of					
SIGNATURE BAK, II, Inc., General Ptr. 3/11/05 941-366-6660					
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER Date Osystmy Proce #					