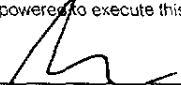


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000303					
1. Entity Name CORAL VILLAGE II, LTD.					
Principal Place of Business 1520 ROYAL PALM SQUARE BLVD., STE. 360 FT. MYERS, FL 33919			Mailing Address 1520 ROYAL PALM SQUARE BLVD., STE. 360 FT. MYERS, FL 33919		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARNOLD, BOWEN A 1520 ROYAL PALM SQUARE BLVD., SUITE 360 FORT MYERS, FL 33919			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. \$7,500.00			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 #	N95000001649			STREET ADDRESS	
NAME	CAPE CORAL HOUSING REHABILITATION & DEVELO			CITY-ST-ZIP	
STREET ADDRESS	1430 S.E. 16TH PLACE, UNIT B				
CITY-ST-ZIP	CAPE CORAL, FL 33990				
DOCUMENT #	P98000006718			STREET ADDRESS	U000000158360
NAME	CORAL VILLAGE II, INC.			CITY-ST-ZIP	05/07/04-30018-018 141.25
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., STE. 360				
CITY-ST-ZIP	FT. MYERS, FL 33919				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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:  Bowen A. Arnold, PARS. 4/24/04 2312758025 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE