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	Mailing Address
1520 ROYAL PALM SQUARE BLVD., STE. 360 FT. MYERS, FL 33919	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

04232004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0814610
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS, FL 33919

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. $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		
STREET ADDRESS	1430 S.E. 16TH PLACE, UNIT B	CITY-ST-ZIP	
CITY-ST-ZIP	CAPE CORAL, FL 33990		U00000158360
DOCUMENT #	P98000006718	STREET ADDRESS	05/07/04-90018-018 141.25
NAME	CORAL VILLAGE II, INC.		
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., STE. 360	CITY-ST-ZIP	
CITY-ST-ZIP	FT. MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: [signature] Bowen A Arnold, Pres. Coral Village II, Inc. GP 4/14/04 239 275 8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #