2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A98000001072

1. Entity Name
TALLAHASSEE HEALTH ASSOCIATES II, LTD.

FILED
04 JUN 22 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business	Mailing Address
2600 EAST SOUTH BLVD., SUITE 225 MONTGOMERY, AL 36116	PO BOX 11148 MONTGOMERY, AL 36111

06162004 Chg-LP CR2E003 (10/03) 6/22

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 63-1212905 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

9. Capital Contributions as Shown on record. $99.00

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 #	P98000038977	STREET ADDRESS	200038771132
NAME	SEAGROVE TALLAHASSEE, INC.		07/06/04 01057 023 **558.75
STREET ADDRESS	2600 EAST SOUTH BLVD., SUITE 225	CITY-ST-ZIP	
CITY-ST-ZIP	MONTGOMERY, AL 36116		
DOCUMENT #		STREET ADDRESS	
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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: Margaret McPherson — Margaret McPherson Treasurer Seagrove Tallahassee Corp. — 6-16-04 — 334 281 6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #