2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

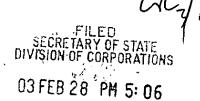
DOCUMENT # A9800002851

1. Entity Name

FRÂNCES M. PRUITT LIMITED PARTNERSHIP II



		Se vi
Principal Place of Business 360 COFFEE POT RIVIERA. N.E.	Mailing Address 380 COFFEE POT RIVIERA. N.E.	
ST. PETERSBURG FL 33704	ST. PETERSBURG FL 33704	



SI. PETENSBUNG PE 3370		SI, PETERSBURG PE S	3704					
Principal Place of Business Address					D KUKUT ISHIT GUNI UCHK	# 88 151 88 111	BBIJF (198) INIDI BIJOI (181 1881	
Suite, Apt. #, etc.	,	. Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State		City & State			4. FEI Number	59-3569099		Applied For Not Applicable
Žíp	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						Agent		
PRUITT, FRANCES M 360 COFFEE POT RIVIERA, N.E.			Name Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG F	L 33704						i	
				City			FL	Zip Code
8. The above named entite the obligations of regis		or the purpose of changing	its register	ed office or registe	ered agent, or both, i	n the State of Flori	ida. I am	familiar with, and accept
SIGNATURE	or printed name of registered agent	and title if conlinable					DATE	
Capital Contributions as Shown on record.	\$2,108,700.00	10. Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
А	GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M	UST BE REGIS	STERED AND ACT	TIVE WITH THIS	OFFIC	Ε.

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 # NAME	PRUITT, FRANCES M TRUSTEE	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS	300013177233 02/28/0301006001 **526.25			
STREET ADDRESS CITY-ST-ZIP	-	CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·			
DOCUMENT / NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	•			
DOCUMENT # NAME		STREET ADDRESS				
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:

SIGNATIVALLADICEOUR LA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dutt 2 003

727 895 3030 Daytime Phone #