

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED**

2004 DEC 21 PM 12: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07142004 Chg-LP CR2E003 (10/03) *8/14*

4. FEI Number **51-0460013** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DOCUMENT # B03000000070**  
1. Entity Name  
**THE ROBERT MORGAN LIMITED PARTNERSHIP II**



Principal Place of Business  
**15 EAST NORTH STREET  
DOVER, DE 19001**

Mailing Address  
**15 EAST NORTH STREET  
DOVER, DE 19001**

2. Principal Place of Business  
**6390 Plastermill Road**

3. Mailing Address  
**6390 Plastermill Road**

Suite, Apt. #, etc.  
**PO Box 780**

Suite, Apt. #, etc.  
**PO Box 780**

City & State  
**Victor NY**

City & State  
**Victor, NY**

Zip  
**14534**

Country  
**USA**

Zip  
**14534**

Country  
**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION-SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 10,000**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**R. MORGAN MANAGEMENT II, LLC  
6390 PLASTERMILL ROAD  
VICTOR, NY 14564**

STREET ADDRESS  
CITY-ST-ZIP

**600043691656  
12/29/04--01016--005 \*\*158.75**

DOCUMENT #  
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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

STAPLE CHECK HERE

**SIGNATURE:** *[Signature]* **Robert C Morgan** **7/14/04** **(585) 924-7050**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #