2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005863

City-St-Zip:

LEESBURG, FL 34748

Entity Name: LEESBURG PARTNERSHIP II, INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 111 SOUTH 6TH STREET LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** P.O. BOX 490043 LEESBURG, FL 34749 FEI Number: 59-3635358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHERRY, JON 515 W MÁIN ST LEESBURG, FL 34748 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PADGETT, GREGORY P Name: Name: Address: 206 NORTH 3RD STREET Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CULLEN, CARMAN Name: Address: 1124 APPLE TER Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: () Delete Title: (X) Change () Addition PEDERSON, MICHAEL Name: RIDDLE, KEITH Name: Address: 515 W MAIN ST. Address: 115 N. CANAL ST. City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: () Change () Addition Name: CHERRY, JON Name: Address: 515 W MAIN ST Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: Title: () Delete () Change () Addition GALBREATH, JERRY Name: Name: 115 MAGNOLIA ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JON CHERRY D 01/07/2004