


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
2005 APR 26 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000000174</b> 1. Entity Name CODINA FAMILY HOLDINGS II, LTD.					
Principal Place of Business 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134			Mailing Address 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134		
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 65-0980765	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEFELER, HENRY 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134				Name <u>Kolleen OP Cobb</u> Street Address (P.O. Box Number is Not Acceptable) <u>355 Alhambra Circle</u> <u>Suite 900</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33134</u>	
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 <u>Kolleen OP Cobb</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/21/05</u>	
9. Capital Contributions as Shown on record. \$2,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000022789		STREET ADDRESS		
NAME	CODINA INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	355 ALHAMBRA CIRCLE, SUITE 900				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
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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: <u>Kolleen OP Cobb</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE <u>4/21/05</u>		Daytime Phone # <u>305-520-2344</u>

STAPLE CHECK HERE