

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000221

1. Entity Name
G.L. HOMES OF PALM BEACH ASSOCIATES II, LTD.



Principal Place of Business
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

Mailing Address
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

2. Principal Place of Business
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc

City & State
City & State

Zip
Country

Zip
Country



MOORE CR2E003 (11/03)

4. FEI Number
65-0981940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
G.L. HOMES OF PALM BEACH II CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

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

9. Capital Contributions as Shown on record \$4,844,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$4,158,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P99000068702	STREET ADDRESS		
NAME	G.L. HOMES OF PALM BEACH II CORPORATION	CITY-ST-ZIP	U00000160324 05/13/04 00016 020 535.00	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
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CITY-ST-ZIP		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: Maria Menendez Maria Menendez, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: 4/26/04 Daytime Phone #: 954-753-1730