2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 JUN 10 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000580

1. Entity Name
TECHNOLOGY INVESTORS II, LTD.

Principal Place of Business	Mailing Address
6601 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	6601 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487

01262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
190 SE 19th AVENUE	P.O. Box 811660
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State: BOCA RATON, FL
Zip: 33060 Country	Zip: 33481 Country

4. FEI Number: 65-1007717 ☐ Applied For ☐ Not Applicable

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
SCHWARTZ, KENNETH J 6601 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	Name: FRANK E. JAUMOT Street Address (P.O. Box Number is Not Acceptable): 190 SE 19th AVENUE City: POMPANO BEACH FL Zip Code: 33060

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: F E Jaumot 1/26/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,000.00	$1,000.00

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 #	P00000032216	STREET ADDRESS	190 SE 19th AVENUE
NAME	TECHNOLOGY INVESTORS II, INC.	CITY-ST-ZIP	POMPANO BEACH, FL 33060
STREET ADDRESS	~~6601 PARK OF COMMERCE BLVD.~~		
CITY-ST-ZIP	~~BOCA RATON, FL 33487~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900037868539
STREET ADDRESS			06/11/04--01021--001 **52.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900037868539
STREET ADDRESS			06/11/04--01021--002 **88.75
CITY-ST-ZIP			

STAPLE CHECK HERE

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: CPA 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #