2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Feb 16, 2005 08:00 AM Secretary of State

DOCUMENT # A0000001414  1. Entity Name BELMONT HEIGHTS ASSOCIATES PHASE II, LTD.						Secretary of State
Principal Place of Business ONE EAST STOW ROAD PO BOX 795 MARLTON, NJ 08053			Mailing Address ONE EAST STOW ROAD PO BOX 795 MARLTON, NJ 08053		-	
Principal Place of Business_			3. Mailing Address			T THE THE PARTY BEING
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02082005 Chg-LP CR2E003 (10/03)
City & State			City & State			4. FEI Number Applied For 52-2265892 Not Applicable
Zip	Zip Country		Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL. 32250			· <del>-</del>		Street Address (F	P.O. Box Number is Not Acceptable)
0.0.00.00.00.00.00.00.00.00.00.00.00.00					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  Signature, typed or printed name of rogistered agent and title II applicable  DATE						
9. Capital Contributions as Shown on record. \$4,722,000.00 - in FLORIDA to date.						
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.						
12GENERAL PARTNER INFORMATION					-	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P00000086480 BELMONT-MICHAELS PHASE II CORP.			STF	REET ADDRESS	U00000230845
STREET ADDRESS CITY-ST-ZIP	1	T STOW ROAD, PO B I, NJ 08053	OX 795	сп	Y+ST+ZIP	02/16/05-80005-021 526.25
DOCUMENT # NAME				STA	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				cm	Y ST-ZIP	
DOCUMENT # NAME				STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				ÇITY	Y-SI-ZIP	
DOCUMENT # NAME				STR	EFT ADDRESS	
STREET ADDRESS City-St-ZIP				CITY	Y-ST-ZIP	
DOCUMENT # NAME				STR	EEI AODRESS	
STREET ADDRESS CITY-ST-ZIP				CITY	/-SI-ZIP	
DEGUMENT / NAME				STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				City	·SI-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 a quired by Chapter 620, Florida Statutes						
SIGNAT	URE: _	,	MACULA	Presi	deut	2/9/05