


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A0100000717

1. Entity Name
SANTA FE ASSOCIATES II LTD.



Principal Place of Business Mailing Address
430 NE 1ST AVE., STE D **430 NE 1ST AVE., STE D**
HIGH SPRINGS, FL 32643 **HIGH SPRINGS, FL 32643**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

PALETTI, TIMOTHY M
430 NE 1ST AVE., STE D
HIGH SPRINGS, FL 32643

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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	PALETTI, TIMOTHY M	STREET ADDRESS	
NAME	430 NE 1ST AVE., #D	CITY - ST - ZIP	
STREET ADDRESS	HIGH SPRINGS, FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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: *Timothy M. Paletti, Gen Part. Timothy M. Paletti* 4-20-04 386 434-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #