


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000988	
1. Entity Name WOODLAND II, LTD.	

Principal Place of Business 4320 WOODLAND DR WEST MELBOURNE, FL 32904	Mailing Address 4320 WOODLAND DR WEST MELBOURNE, FL 32904
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01292004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
HEALY, PATRICK F 1499 S HARBOR CITY BLVD SUITE 201 MELBOURNE, FL 32901	

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: \$465,000.00	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 #	P94000050548	STREET ADDRESS	
NAME	CIA DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	4320 WOODLAND DR		
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		
DOCUMENT #		STREET ADDRESS	000000120101
NAME		CITY-ST-ZIP	04/20/04-80007-009 526.25
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STREET ADDRESS			
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: W. Robert Anderson, Jr. 3/8/04 321-723-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #