

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A01000001506</b>					
<b>1. Entity Name</b> HOGSHEAD INVESTMENT PARTNERSHIP II, LTD.					
<b>Principal Place of Business</b> 3210 AIRWAY LANE ORLANDO, FL 32804			<b>Mailing Address</b> P.O. BOX 871 PLYMOUTH, FL 32768		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3757236	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HOGSHEAD, RODNEY C III 1002 VILLA LANE APOPKA, FL 32712			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b>		\$2,499,900.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	HOGSHEAD, RODNEY C III, TR P.O. BOX 871 PLYMOUTH, FL 32768		STREET ADDRESS CITY-ST-ZIP	200038162022 06/22/04--01007--009 **526.25	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	GIOVANNELLI, DOROTHY ANN TRUSTEE 6464 S.W. 21 COURT ROAD OCALA, FL 34474		STREET ADDRESS CITY-ST-ZIP		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	MOORE, MARY JO TRUSTEE 635 RUGBY STREET ORLANDO, FL 32804		STREET ADDRESS CITY-ST-ZIP		
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<b>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</b>					
<b>SIGNATURE:</b> Dorothy Ann Giovannelli			4-30-04 352-237-3519		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

**FILED**  
 04 JUN 15 PM 3:58  
 SEAL OF THE STATE  
 TALLAHASSEE FLORIDA  
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