2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -3 AM 9:13

DOCUMENT # A01000001506

1. Entity Name
HOGSHEAD INVESTMENT PARTNERSHIP II, LTD.

Principal Place of Business	Mailing Address
3210 FAIRWAY LANE ORLANDO, FL 32804	P.O. BOX 871 PLYMOUTH, FL 32768

06022005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
6464 SW 21ST COURT ROAD	P. O. BOX 1551
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FLORIDA	City & State: OCALA, FLORIDA
Zip: 34474 Country: USA	Zip: 34478 Country: USA

4. FEI Number: 59-3757236 ☐ 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
HOGSHEAD, RODNEY C III 1002 VILLA LANE APOPKA, FL 32712	Name: DOROTHY GIOVANNELLI Street Address (P.O. Box Number is Not Acceptable): 6464 SW 21ST COURT ROAD City: OCALA FL Zip Code: 34474

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: Dorothy Giovannelli 6/2/05
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.
$2,499,900.00	$2,499,900.00

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 #		STREET ADDRESS	
NAME	HOGSHEAD, RODNEY C III, TR	CITY-ST-ZIP	000056403700 06/21/05--01067--005 **526.25
STREET ADDRESS	P.O. BOX 871		
CITY-ST-ZIP	PLYMOUTH, FL 32768		
DOCUMENT #		STREET ADDRESS	
NAME	GIOVANNELLI, DOROTHY ANN TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	6464 S.W. 21 COURT ROAD		
CITY-ST-ZIP	OCALA, FL 34474		
DOCUMENT #		STREET ADDRESS	
NAME	MOORE, MARY JO TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	635 RUGBY STREET		
CITY-ST-ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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 individual authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Dorothy Giovannelli Dorothy Giovannelli 6/2/05 352-237-3519
SIGNATURE REQUIRED OF PRINTED NAME OF SIGNING GENERAL PARTNER — DATE