

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A02000001039

1. Entity Name
THE LYTAL FAMILY LIMITED PARTNERSHIP II



Principal Place of Business
1030 SEA ACRES WAY
JUNO BEACH, FL 33048

Mailing Address
1030 SEA ACRES WAY
JUNO BEACH, FL 33048

FILED

2004 AUG 30 AM 11:35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



06082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~XXXXXX~~ 03-0476337

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

LYTAL, LAKE JR
1030 SEA ACRES WAY
JUNO BEACH, FL 33048

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,120,197
~~1,418,150~~

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
LYTAL, LAKE JR
1030 SEA ACRES WAY
JUNO BEACH, FL 33048

STREET ADDRESS

CITY - ST - ZIP

500040644605
08/30/04--01065--015 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
LYTAL, SUSAN
1030 SEA ACRES WAY
JUNO BEACH, FL 33048

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - 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 required by Chapter 620, Florida Statutes

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

X 6/14/04 561 820 2200

STAPLE CHECK HERE