


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001283		
1. Entity Name FORT LAUDERDALE CY II, LTD.		

Principal Place of Business ONE S.E. THIRD AVENUE, SUITE 3050 MIAMI, FL 33131	Mailing Address ONE S.E. THIRD AVENUE, SUITE 3050 MIAMI, FL 33131
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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



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 76-0714163	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSENBERG, DONALD S ONE S.E. THIRD AVENUE, SUITE 3050 MIAMI, FL 33131
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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
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9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,800,000.00
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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 # NAME STREET ADDRESS CITY - ST - ZIP	L02000024098 KGN/BRADLEY ASSOCIATES FLORIDA, LLC ONE S.E. THIRD AVENUE, SUITE 3050 MIAMI, FL 33131	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L02000010620 CY GENERAL PARTNER, LLC 1065 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS, FL 33154	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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02/28/04-80031-005 535.00

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: 	2-304
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE