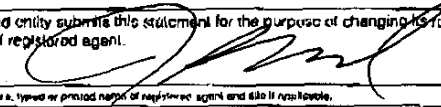


2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

FILED

04 AUG -3 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001405			
1. Entity Name B.C.R. FAMILY LIMITED PARTNERSHIP II			
Principal Place of Business 4634 CARLTON DUNES, UNIT 14 AMELIA ISLAND, FL 32034		Mailing Address 4634 CARLTON DUNES, UNIT 14 AMELIA ISLAND, FL 32034	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent RIDGE, GEORGE E 200 WEST FORSYTH STREET, SUITE 1200 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name: John R. Crawford Street Address (P.O. Box Number is Not Acceptable): 1200 Riverplace Blvd Suite 860 City: Jacksonville FL Zip Code: 32207	
4. FEI Number APPLIED FOR			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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: 7/28/04			
9. Capital Contributions as Shown on record, \$900,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 807.193(2)(b), F.S., the limited partnership did not receive this 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	
NAME	ROBERTS, BERT C JR.	CITY- ST- ZIP	
STREET ADDRESS	4634 CARLTON DUNES, UNIT 14		
CITY- ST- ZIP	AMELIA ISLAND, FL 32034		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROBERTS, PATRICIA M	CITY- ST- ZIP	
STREET ADDRESS	4634 CARLTON DUNES, UNIT 14		
CITY- ST- ZIP	AMELIA ISLAND, FL 32034		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
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: 		DATE: 7/20/04	
SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER		DATE	
		7/20/04	

STAPLE CHECK HERE

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08/06/04 01040 017 **526.25

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B.C.R. FAMILY LIMITED PARTNERSHIP II
4634 Carlton Dunes, Unit 14
Amelia Island, FL 32034

July 20, 2004

JK

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04 AUG - 3 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Secretary of State

Please be advised that the annual report filing notice was not received.

This partnership has not been dissolved and the annual report is attached.

Thank you.

Sincerely,

Bert C. Roberts, Jr.

Bert C. Roberts, Jr.
General Partner