

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

DOCUMENT # A03000000901

1. Entity Name  
 CROWLEY FAMILY PARTNERSHIP II, LTD.



Principal Place of Business  
 2000 WEBBER STREET  
 SARASOTA, FL 34239

Mailing Address

2000 WEBBER STREET  
 SARASOTA, FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

\$8.75 Additional  
 Fee Required



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 57-1172767

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

SHEA, JOSEPH R ESQ  
 2000 WEBBER STREET  
 SARASOTA, FL 34239

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. \$1,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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

STAPLE CHECK HERE

DOCUMENT # L0300017959  
 NAME TIM CROWLEY, L.L.C.  
 STREET ADDRESS 2000 WEBBER STREET  
 CITY-ST-ZIP SARASOTA, FL 34239

STREET ADDRESS  
 CITY-ST-ZIP

U000000364001  
 06/06/05-00023-003 141.25

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/05

Date

Daytime Phone #