2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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DOCUMENT # A0400000357  1. Entity Name GULF BOULEVARD PARTNERS II, LTD.						FILED  2005 JAN 18 AM 9: 10  DIVIDION OF CORPORATIONS  JALLAHASSEE, FLORIDA				
1551 SANDSPUR RD PO			ailing Address O BOX 4961 RLANDO, FL 32802-4961			ס	ALLAHA AHAJJAJ	SSEE. F	LORIDA	
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042005	Chg-LP	CR2E0	03 (10/03)	
City & State City & St			City & State	\$ State			08348	33.	Applied For Not Applicable	
Zip	Zip Country		Zip Count		itry	5. Certificate of		78d S	88.75 Additional ee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent				
390 N ORA	B&C CORPORATE SERVICES OF CENTRAL FL INC 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801				Street Address	Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32801										
					City			FL	Zip Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the pu	urpose of changing its	register	ed office or registe	red agent, or both,	, in the State of F	Florida. I am fa	amiliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable.  DATE										
9. Capital Contributions as Shown on record. \$50.00 10. Amount of Capital in FLORIDA to date					butions					
	A GENERAL PARTNER NOTE: General Partners M.	THAT I	S A BUSINESS EN T be changed on th	TITY M	UST BE REGIS ; an amendmer	TERED AND AC	TIVE WITH T	HIS OFFICE	i.	
12. GENERAL PARTNER INFORMATION								HANGES ONL		
DOCUMENT # NAME	L04000017618 CED CAPITAL HOLDINGS 2004 AA, L.L.C.			STRE	ET ADORESS	·				
STREET ADDRESS CITY-ST-ZIP	S 1551 SANDSPUR RD MAITLAND, FL 32751			CITY	-ST-ZIP					
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14. I hereby of indicated the received	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	h this fili d that my his repor	ng does not qualify for signature shall have to t as required by Chapt	the exe the same er 620,	mption stated in Se e legal effect as if r Florida Statutes	ection 119.07(3)(i), nade under oath; t	Florida Statutes hat I am a Gene	. I further certi ral Partner of t	fy that the information he limited partnership or	
	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 Statules. 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Despring Proce #									