2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE CHECK HERE

SIGNATURE: 1

Principal Prace of Business	DOCUMENT # A0400000944 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS			
Mailing Address Mailing Ad	LEE COUNTY HOMES ASSOCIATES II, LLLP					ľ			
1.601 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 CORAL SP	Principal Place	e of Business	Mailing Address	·	1	_	• •		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Apr. Apr	1401 UNIVERSITY DRIVE, SUITE 200 1401 UNIVERSITY DRIVE				TE 200				
City & State City & State City & State City & State City & State Application Application Application Application Requirement Application Requirement Requiremen	Principal Place of Business 3. Mailing Address								
Zip Country Sip Country 5. Certificate of Status Desired Signature Country 5. Certificate of Status Desired Signature Country See Secretary Secretar	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1ST MOO	RE CR2E003 (10/04)		
S. Certificate of Status Learner Fee Required F	City & State						2549	 ' ' 	
GRANT, MARK F ESO. % RUDEN, MCCLOSKY, SMITH ET AL. P.A. 200 EAST BROWARD BLVD, SUITE 1500 FORT LAUDERDALE FL 33301 6. The above remed entry submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 7. The above remed entry submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above remed entry submits this statement for the purpose of changing its registered agent. 8. The above remed entry submits this statement for the purpose of changing its registered agent. 9. Captal Contributions as \$100,000.00 10. RECIPION to date. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for tee info. 12. Captal Contributions as \$100,000.00 13. AGENERAL PARTINET THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiner INAY NOT be changed on the form; an amendment must be filed to change a general partiner. 12. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 14. DID IN STATE OF ADDRESS CHANGES ONLY 15. ADDRESS CHANGES ONLY 16. CITY-ST-2P 17. CITY-ST-2P 18. ADDRESS CHANGES ONLY 19. CITY-ST-2P 19. CITY	Zip			Coun	itry				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent. StonATURE Sto		6. Name and Address of Current F		7. Name and Addres	ss of New Registered Ag	ent			
## RUDEN, MCCLOSKY, SMITH ET AL. P.A. 200 EAST BROWARD BLVD, SUITE 1500 City	-	NT 1440K F 500			Name .				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spinaria. Intended printed retires of registered agent. SIGNATURE Capital Combibitions S100,000.00 10. Amount of Capital Combibitions S100,000.00 11. FILE NOW!!! Due by May 1, 2005. See Black 11 instructions for fee info. PO CAPITAL Combibitions S100,000.00 12. GENERAL PARTINER THAT IS A BUSINESS ENTITY WHITE THE REGISTERED AND ACTIVE WITH THIS OFFICE. SITE General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY UNDURSHIT MAKE SITE TANDRESS CITY-S1-2P CITY-S1-2	% RUDEN, MCCLOSKY, SMITH ET AL. P.A. 200 EAST BROWARD BLVD., SUITE 1500				Street Address (P.O. Box Number is Not Acceptable)				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions 9. Capital Contributions 100,000.00 10. Amount of Capital Contributions 10. Amount of Capital Contributions 11. FILE NOW!!! Due by Mey 1, 2005. See Black 11 instructions for fee info. A GENERAL PARTINER 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 PARTINER INFORMATION 13. ADDRESS CHANGES ONLY UDUNANT I CHANGES II CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CITY-51-2P CORAL, SPRINGS FL 33071 STREEL ADDRESS CITY-51-2P DOCUMBIT I NAME SIREL ADDRESS CITY-51-2P COCUMBIT I SIREL ADDRESS CITY-51-2P COCUMBIT I NAME SIREL ADDRESS CITY-51-2P CITY-51-2	FORT LAUDERDALE FL 33301								
In the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyand or period ratins of regolated agent and this it applicable. Signature, hyand or period ratins of regolated agent and this it applicable. Signature, hyand or period ratins of regolated agent and this it applicable. SIGNATURE A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY UDCUMENT I PO4000089735 LEE COUNTY HOMES II CORPORATION LEE COUNTY HOMES II CORPORATION LEE COUNTY HOMES II CORPORATION STREET ADDRESS CITY-ST-2P CORAL SPRINGS FL 33071 STREET ADDRESS CITY-ST-2P CI					City	ity FL Zip Co		Zip Code	
See Black 11 instructions for fee info. 9. Capital Contributions as Shown on fecord. NOTE: General Partners 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 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 STREEL ADDRESS CITY-ST-2P DOCUMENT I NAME STREE									
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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 19. ADDRESS CHANGES ONLY LUCUMENT I NAME SITECT ADDRESS LEE COUNTY HOMES II CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 CITY-ST-2P	SIGNATURE Signature, typed or printed name of registered agent and title it applicable								
To General Partners MAY NOT be changed on the trum; an amendment must be filled to change a general partner. Concious of General Partners Information 13. ADDRESS CHANGES ONLY	9. Capital Contributions as Shown on record. \$100,000.00 in FLORIDA to date. \$9,900.00								
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
UDCUMENT / NAME COUNTY HOMES II CORPORATION CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP									
NAME LEE COUNTY HOMES II CORPORATION STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP C					 				
CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	NAME	■ ST			EET ADDRESS				
CITY-ST-ZIP					'-ST-ZIP				
DOCUMENT NAME STREET ADDRESS CITY S1-ZIP CITY-S1-ZIP CITY-S1	NAME	STF			EET ADDRESS	400056302034 06/17/0501040004 **16.80			
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		l C			'-ST-ZIP	4000 06/17/05-	05630203 -01040005 *	8 4 *141_25	
CITY-ST-ZIP	NAME			STRI	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME * STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			Cily	/ ST-ZIP	<u> </u>			
CITY-ST-ZIP	NAME			STRI	EET ADDRESS				
NAME * STREET ADDRESS CITY-S1-*** CITY-S1-ZIP CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP	CITY-ST-ZIP			CITY	Y-ST-ZIP				
CITY-S1-2IP DOCUMENT / STREET ADDRESS NAME • STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP	NAME .			STRI	EET ADDRESS				
NAME • STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-			CITY	Y-ST-ZIP				
CITY-ST-ZIP CITY-ST-ZIP	NAME •			STR	EET ADDRESS			<u> </u>	
The state of the s	CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify for			ection 119 07/3/(i) Flori	da Statutes I further certif	v that the information	

Maria Menendez, Vice President