


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR -8 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001370			
1. Entity Name JO-MAR II LIMITED PARTNERSHIP			
Principal Place of Business P.O. BOX 190362 MIAMI BEACH, FL 33119		Mailing Address P.O. BOX 190362 MIAMI BEACH, FL 33119	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062005		Chg-LP CR2E003 (10/03)	
4. FEI Number 20-1346769		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAVARRO, GEORGE 100 S.W. 76 AVE. MIAMI, FL 33144		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 <u>[Signature]</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date. <u>0</u> 100.00	
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 #	P04000103553	STREET ADDRESS	
NAME	JO-MAR CONGLOMERATE CORP.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 190362		
CITY-ST-ZIP	MIAMI BEACH, FL 33119		
DOCUMENT #		STREET ADDRESS	
NAME	NAVARRO, GEORGE	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 190362		
CITY-ST-ZIP	MIAMI BEACH, FL 33119		
DOCUMENT #		STREET ADDRESS	100054036531
NAME		CITY-ST-ZIP	05/09/05--01011--008 **141.75
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date <u>1/6/2005</u> Daytime Phone #	

STAPLE CHECK HERE