

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001816

1. Entity Name
COCONUT PALM CAPITAL INVESTORS II, LTD.



Principal Place of Business
555 SOUTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432

Mailing Address
555 SOUTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432



2. Principal Place of Business

595 S. Federal Hwy

Suite, Apt. #, etc.
Suite 600

City & State
Boca Raton, FL

Zip
33432

Country

3. Mailing Address

595 S. Federal Hwy

Suite, Apt. #, etc.
Suite 600

City & State
Boca Raton, FL

Zip
33432

Country

04182005 Chg-LP CR2E003 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, SUITE 2800
MIAMI, FL 33131

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

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.

1,000.00

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

DOCUMENT # P04000156436
NAME COCONUT PALM CAPITAL INVESTORS II, INC.
STREET ADDRESS 555 SOUTH FEDERAL HIGHWAY, SUITE 200
CITY-ST-ZIP BOCA RATON, FL 33432

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 595 S. Federal Hwy #600
CITY-ST-ZIP Boca Raton, FL 33432

STREET ADDRESS
CITY-ST-ZIP
400055724214
06/06/05--01005--016 **150.00

DOCUMENT #
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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

4-26-05

Date

561-955-7300

Daytime Phone #

STAPLE CHECK HERE