


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

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000002050</b> 1. Entity Name ARBOR VIEW II, LTD.					
Principal Place of Business P.O. BOX 369 BONITA SPRINGS, FL 34133			Mailing Address P.O. BOX 369 BONITA SPRINGS, FL 34133		
2. Principal Place of Business Suite Apt # etc			3. Mailing Address Suite Apt # etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03142005 Chg-LP CR2E003 (10/03)	
4. FCI Number 02-0733759				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ERDMAN, GREGORY A 3645 BONITA BEACH ROAD, STE 3 BONITA SPRINGS, FL 34134			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 _____ DATE _____					
9. Capital Contributions as Shown on record.		\$4,000,000.00		10. Amount of Capital Contributions in FLORIDA to date 2,716,000.00	
535.00					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P04000164211		STREET ADDRESS		
NAME	ARBOR VIEW II, INC.		CITY ST ZIP		
STREET ADDRESS	3645 BONITA BEACH ROAD, STE 3		CITY ST ZIP		
CITY ST ZIP	BONITA SPRINGS, FL 34134		CITY ST ZIP		
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NAME			CITY ST ZIP		
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STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			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)(f), 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 600, Florida Statutes.					
<b>SIGNATURE: Gregory Erdman</b>					

STAPLE CHECK HERE

U00000347367  
 04/30/05-20112-017 535.00

4-19-05 (239) 992-8832