


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 9:04

DOCUMENT # A14239			
1. Entity Name A-II INVESTORS, LTD.			
Principal Place of Business 1834 PARK AVENUE P.O. BOX 215 ORANGE PARK, FL 32067-0215		Mailing Address 4300 LAKESIDE DRIVE, SUITE 15 JACKSONVILLE, FL 32210	
2. Principal Place of Business		3. Mailing Address 524 BALMORA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SAINT AUGUSTINE, FL	
Zip	Country	Zip	Country
		32092-2725	
6. Name and Address of Current Registered Agent ADAMS, HELEN B 4300 LAKESIDE DRIVE, SUITE 15 JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 524 BALMORA DR City SAINT AUGUSTINE, FL Zip Code 32092-2725	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$125,436.96		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	G93077900001 HELEN B. ADAMS LIVING TRUST 4300 LAKESIDE DRIVE, SUITE 15 JACKSONVILLE, FL 32210	STREET ADDRESS CITY-ST-ZIP	524 BALMORA DR SAINT AUGUSTINE, FL 32092-2725
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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: HELEN B. ADAMS, TRUSTEE, GP		1-15-05 904-940-7987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

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