

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A14957	
1. Entity Name CAMBRIDGE SQUARE OF LAUDERDALE LAKES ASSOCIATES II, A LIMITED PARTNERSHIP	

Principal Place of Business P.O. BOX 40177 INDIANAPOLIS IN 46240	Mailing Address P.O. BOX 40177 INDIANAPOLIS IN 46240
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 35-1571259		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARNS, LARRY A 7332 NW FIFTH ST PLANTATION FL 33317		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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	
9. Capital Contributions as Shown on record.	\$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	SMITH, ANITA S	CITY - ST - ZIP	
STREET ADDRESS	8330 WOODFIELD CROSSING BLVD., SUITE 200		
CITY - ST - ZIP	INDIANAPOLIS IN 46240		
DOCUMENT #		STREET ADDRESS	
NAME	BISESI, JAMES T	CITY - ST - ZIP	
STREET ADDRESS	8617 SEAWARD LANE		
CITY - ST - ZIP	INDIANAPOLIS IN 46256		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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:  ANITA S. SMITH 4/28/04 (317) 469-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE