

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02212005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 35-1571259	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date. \$141.25		
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	8425 Woodfield Crossing Blvd, Ste 300W	
STREET ADDRESS	SMITH, ANITA S		CITY-ST-ZIP		
CITY-ST-ZIP	8930 WOODFIELD CROSSING BLVD., SUITE 200 INDIANAPOLIS, IN 46240				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BISEI, JAMES T		CITY-ST-ZIP	200048121432	
CITY-ST-ZIP	8617 SEAWARD LANE INDIANAPOLIS, IN 46256			03/10/05--01007--008 **141.25	
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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:			Anita S. Smith 2/21/05 317-469-0400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STAPLE CHECK HERE