

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A15272

1. Entity Name
TALLAHASSEE HOMESHARES II, LTD.



Principal Place of Business
 1815 MICCOSUKEE COMMONS DR.
 SUITE 104
 TALLAHASSEE, FL 32308

Mailing Address
 PO BOX 14019
 TALLAHASSEE, FL 32317-4010



2. Principal Place of Business

3. Mailing Address

4. Suite, Apt #, etc.

5. Suite, Apt #, etc.

01062004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2316657

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOBLIN, MILLARD J.
 1815 MICCOSUKEE COMMONS BLVD., STE. 104
 TALLAHASSEE, FL 32308

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.

\$215,000.00

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
 DOCUMENT #
 NAME NOBLIN, MILLARD J.
 STREET ADDRESS 1815 MICCOSUKEE COMMONS DR., STE. 104
 CITY-ST-ZIP TALLAHASSEE, FL 32308

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/6/04

Date

Daytime Phone #

STAPLE CHECK HERE