
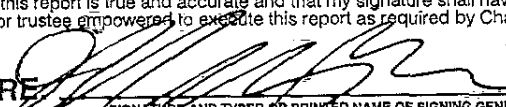


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

<b>DOCUMENT # A18653</b>			
1. Entity Name COMMUNITY SYNDICATE II, LTD.			
Principal Place of Business 1809 MICCOSUKEE COMMONS DRIVE, SUITE 112 TALLAHASSEE, FL 32308		Mailing Address P.O. BOX 14019 TALLAHASSEE, FL 32317-4019	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03312005	Chg-LP CR2E003 (10/03)
		4. FEI Number 59-2475199	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOBLIN, MILLARD J. 1809 MICCOSUKEE COMMONS DRIVE, SUITE 112 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$2,354,300.00		10. Amount of Capital Contributions in FLORIDA to date.	
<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>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NOBLIN, MILLARD J.	STREET ADDRESS	
NAME	1809 MICCOSUKEE COMMONS DRIVE, #112	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32308		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U000000345298
NAME		CITY-ST-ZIP	04/30/05-80029-022 526.25
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NAME		CITY-ST-ZIP	
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)(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 		4/18/05 (850) 877-5841	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #