
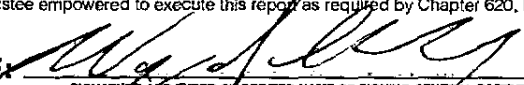


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------|---------|---|--|---------|
| DOCUMENT # A18937 | | | |  | |
| 1. Entity Name SEMINOLE II, LTD. | | | | | |
| Principal Place of Business 101 PARK PLACE BLVD. SUITE 3 KISSIMMEE, FL 32741 34741 | | | Mailing Address 101 PARK PLACE BLVD. SUITE 3 KISSIMMEE, FL 32741 34741 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent SCHOOLFIELD, C. WAYNE 101 PARK PLACE BLVD. SUITE 3 KISSIMMEE, FL 32741 | | | | 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 file if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$0.00 | | | 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | 1400 GRANDVIEW BLVD. | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | KISSIMMEE, FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 000000082721 | |
| STREET ADDRESS | | | CITY-ST-ZIP | 03/10/04-80008-011 141.25 | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | | | |
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| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| 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:  | | | 02/20/04 407-847-3099 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |

STAPLE CHECK HERE