


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A21167		
1. Entity Name WINDWOOD OAKS II, LTD.		

Principal Place of Business 701 W. FLETCHER AVE., SUITE A TAMPA, FL 33612	Mailing Address 701 W. FLETCHER AVE., SUITE A TAMPA, FL 33612
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2. Principal Place of Business	3. Mailing Address P.O. Box 896
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lutz, FL	City & State
Zip 33548	Country USA

FILED
2004 FEB 23 AM 10: 53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



02162004	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-2632559	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 SCHOFIELD, RICHARD D. 701 W. FLETCHER AVE. SUITE A TAMPA, FL 33612	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 936 Guisando de Avila City TAMPA FL Zip Code 33613
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,050,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,050,000.00
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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	936 Guisando de Avila
NAME	SCHOFIELD, RICHARD D	CITY-ST-ZIP	TAMPA, FL 33613
STREET ADDRESS	701 W. FLETCHER AVE., SUITE A	STREET ADDRESS	P.O. Box 896
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	Lutz, FL 33548
DOCUMENT #	H63298	STREET ADDRESS	
NAME	SCHOFIELD EQUITIES, INC.	CITY-ST-ZIP	600030362036
STREET ADDRESS	701 W. FLETCHER AVE., SUITE A		03/12/04--01020--021 **526.25
CITY-ST-ZIP	TAMPA, FL 33612	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: Richard D. Schofield 2/18/04 813-963-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE