


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A23161 1. Entity Name SOUTHPOINT SQUARE II, LTD.					
Principal Place of Business 4110 SOUTHPOINT BLVD. SUITE 104 JACKSONVILLE FL 32216				Mailing Address 4110 SOUTHPOINT BLVD. SUITE 104 JACKSONVILLE FL 32216	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. # etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2790970	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E003 (11/03)	
6. Name and Address of Current Registered Agent BIRCH, ROBERTA C. 4110 SOUTHPOINT BLVD. SUITE 104 JACKSONVILLE FL 32216				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. \$200,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$200,000.00		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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	
NAME	BIRCH, ROBERTA C.			CITY-ST-ZIP	
STREET ADDRESS	4110 SOUTHPOINT BLVD.				
CITY-ST-ZIP	JACKSONVILLE FL				
DOCUMENT #	NAME			STREET ADDRESS	000000147086
NAME				CITY-ST-ZIP	05/03/04-80091-018 526.25
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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)(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: <u>Roberta C. Birch</u> Roberta C. Birch				904-281-9105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE