


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A24217		
1. Entity Name S. K. PARTNERS II, LIMITED		

Principal Place of Business 900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994	Mailing Address 900 S. FEDERAL HIGHWAY SUITE 321 STUART, FL 34994
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country



03232004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2850112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STETSON, J. MICHAEL STETSON REALTY & INVESTMENT CO. 900 S. FEDERAL HIGHWAY, SUITE 321 STUART, FL 33497	
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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 _____
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9. Capital Contributions as Shown on record. \$2,389,110.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P99000079016	STREET ADDRESS	
NAME	SKII GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	1665 PALM BEACH LAKES BLVD., STE 600		
CITY - ST - ZIP	WEST PALM BEACH, FL		
DOCUMENT #		STREET ADDRESS	000000161663
NAME		CITY - ST - ZIP	05/27/04-80005-009 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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: 	President	4/15/04	772.286.2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE