


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A28739	
1. Entity Name D & C NORTH BROWARD II, LTD.	



Principal Place of Business C/O HALLIDAY GROUP REALTY MANAGEMENT, INC. 1800 SE TENTH AVENUE #300 FORT LAUDERDALE, FL 33316	Mailing Address C/O HALLIDAY GROUP REALTY MANAGEMENT, INC. 1800 SE TENTH AVENUE #300 FORT LAUDERDALE, FL 33316
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2. Principal Place of Business Suite, Apt. #, etc. Suite 210	3. Mailing Address Suite, Apt. #, etc. Suite 210
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City & State	City & State	4. FEI Number 65-0155140	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country

02092004 Chg-LP CR2E003 (10/03)

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DWORS, ROBERT F 1 SOUTH VICTORIA PARK ROAD FORT LAUDERDALE, FL 33301

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 title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$93,931.25	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 #		STREET ADDRESS	
NAME	CURRAN, DERRANCE W.	CITY-ST-ZIP	
STREET ADDRESS	1015 S.E. 16TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME	DWORS, ROBERT F.	CITY-ST-ZIP	
STREET ADDRESS	1 SOUTH VICTORIA PARK ROAD		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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04/05/04-80020-010 535.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Robert F. Dwors</i>	3/3/04	(954) 767-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

Robert F. Dwors