

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A28745					
1. Entity Name MIAMI BEACH EQUITY INVESTORS LIMITED PARTNERSHIP II					
Principal Place of Business 1450 MERIDIAN AVE., SUITE 9 MIAMI BEACH, FL 33139			Mailing Address 300 ALTON RD. #303 MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt # etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
6. Name and Address of Current Registered Agent CHRISTOPH, ROBERT 1450 MERIDIAN - SUITE 9 MIAMI BEACH, FL 33139				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		10. Amount of Capital Contributions in FLORIDA to date.		11. Amount of Capital Contributions in FLORIDA to date.	
\$7,000,000.00		\$8.75 Additional Fee Required		\$8.75 Additional Fee Required	
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 CITY - ST - ZIP	CHRISTOPH, ROBERT 300 ALTON ROAD MIAMI BEACH, FL 33139		STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	
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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)(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/27/04 <small>Date</small>		305-672-5588 <small>Daytime Phone #</small>

STAPLE CHECK HERE