


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

FILED
Apr 21, 2004 08:00 AM
Secretary of State

*526.25

DOCUMENT # A30317 1. Entity Name LAUREL HILLS VILLAS II, LTD.	
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Principal Place of Business 7010 BALBOA DRIVE ORLANDO FL 32818	Mailing Address 7010 BALBOA DRIVE ORLANDO FL 32818
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E003 (11/03)

4. FEI Number 59-3019353	Applied For 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 WALLACE, JOSEPH P 2946 SOUTHGATE TERRACE ORLANDO FL 32818
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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
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE _____
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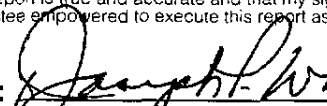
9. Capital Contributions as Shown on record \$848,538.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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 CITY - ST - ZIP	744230 RETIRED EDUCATORS HOUSING OF ORANGE CO. INC 7010 BALBOA DRIVE ORLANDO FL	STREET ADDRESS CITY - ST - ZIP	
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04/29/04-800003-004 526.25

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:  Joseph P. Wallace 4-19-04 407-298-8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE