



FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A31560 1. Entity Name TOWN PLAZA II INVESTMENT, LTD.				May 05, 2005 08:00 AM Secretary of State	
Principal Place of Business 1343 MAIN ST., FIFTH ST. SARASOTA, FL 34236		Mailing Address 4255-52ND PLACE WEST BRADENTON, FL 34210			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.		01122005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0261264	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANASOTA MANAGEMENT, INC. 1343 MAIN STREET, FIFTH FLOOR SARASOTA, FL 34236				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. \$49,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	G66500	STREET ADDRESS			
NAME	MANNAUSA DEVELOPMENT COMPANY	CITY-ST-ZIP			
STREET ADDRESS	1343 MAIN STREET, 5TH FL	STREET ADDRESS		11000000252822	
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP		05/05/05-80121-021 535.00	
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		2/21/05 941782022			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			