

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

*Jen. Crotty
 pays:
 \$535.00*

DOCUMENT # A32791 1. Entity Name HOMESTEAD APARTMENTS ASSOCIATES II, LTD.					
Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145			Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	02142005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0344989				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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. \$2,368,138.00		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 #	L79388		STREET ADDRESS		
NAME	RELATED AFFORDABLE HOUSING, INC.		CITY-ST-ZIP		
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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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: Angel Hernandez **VICE-PRESIDENT** 3/15/05 (605)460-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE