

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


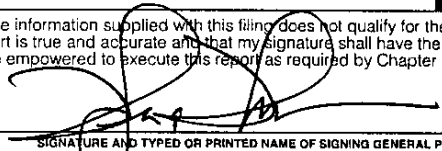
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



01052005 Chg-LP CR2E003 (10/03)

DOCUMENT # A92000000076			
1. Entity Name LAND DEVELOPMENT ASSOCIATES II, LTD.			
Principal Place of Business 1601 BELVEDERE RD. SUITE 407 WEST PALM BEACH, FL 33406		Mailing Address 1601 BELVEDERE RD. SUITE 407 WEST PALM BEACH, FL 33406	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0366975		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYER, WILLIAM A 1601 BELVEDERE ROAD SUITE 407 WEST PALM BEACH, FL 33406		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. \$25,000.00		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 #	671731	STREET ADDRESS	
NAME	WAM MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1601 BELVEDERE RD., STE. 407		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
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STREET ADDRESS			
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: 		April 25, 2005 561-689-6602	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

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