

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 10:59

DOCUMENT # A93000000380

1. Entity Name
FLORIDA CAPITAL INCOME FUND II, LTD.



Principal Place of Business
GROVE AT LAKELAND SQUARE
3570 US HWY 98 N
LAKELAND, FL 33809

Mailing Address
GROVE AT LAKELAND SQUARE
3570 US HWY 98 N
LAKELAND, FL 33809

2. Principal Place of Business
109 West Commercial St.
Suite, Apt. #, etc.

3. Mailing Address
109 West Commercial St.
Suite, Apt. #, etc.

City & State
Sanford, Florida

City & State
Sanford, Florida

Zip
32771

Country
USA

Zip
32771

Country
USA

01212005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0438421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARCAP REALTY SERVICES GROUP, INC.
GROVE AT LAKELAND SQUARE
3570 US HWY 98 N
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name
Barcap Realty Services Group, Inc.

Street Address (P.O. Box Number is Not Acceptable)

109 West Commercial Street

City
Sanford

FL

Zip Code
32771

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$99.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
P95000007305
BARON CAPITAL IV, INC.
3570 US HWY 98 N.
LAKELAND, FL 33809

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
109 West Commercial Street
Sanford, Florida 32771

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 29 2005

Date

Daytime Phone #

407-688-7762

STAPLE CHECK HERE