Due By May 1, 2004

DOCUMENT # A9300001135



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	1. Entity Name AMDEV-LE	EE PROPERTIES II, LTD.	S II, LTD.			04 FEB -6 PM 12: 10					
	Principal Place 7050 AUGUST ORLANDO, FL	A NATIONAL DR.	Mailing Address P.O. BOX 2113 ORLANDO, FL 328	802			***************************************		: IFT OR THE THE	1) 1 11 1:	
-	2. Principal Place of Business		3. Mailing Address								
F	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-LP	CR2E00	3 (10/03)		
İ	City & State		City & State			4. FEI Number 59-3209	065			ed For applicable	
	Zip	Country	Zip	Cour	ntry		Status Desired	7 \ _ <u>F</u>	8.75 Addition	onal	
	6. Name and Address of Curren				<u> </u>	7. Name and A	ddress of New F	Registered A	gent -		
	LEE, RICHARD 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822				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, typed or printed name of registered agent and title if applicable.						DATE				
	9. Capital Contributions as Shown on record. \$379,000.00 10. Amount of Capital Contributions in FLORIDA to date.				ibutions						
	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						ADDRESS CH	ANGES ONL	Y		
	DOCUMENT # NAME	P0000024405 SILENCE/SUMMER LEE, INC.			REET ADDRESS						
STAPLE CHECK HERE	STREET ADDRESS CITY-ST-ZIP	7050 AUGUSTA NATIONAL D ORLANDO, FL 32822	R	CITY-ST-ZIP			100029794991				
	NAME			STI	REET ADDRESS	03/03/0401029028 **535.00				טט	
	STREET ADDRESS CITY-\$T-ZIP			CIT	IY-ST-ZIP						
	DOCUMENT / NAME — - STREET ADDRESS	A COLUMN TO THE RESIDENCE OF THE PERSON OF T	سنا كسيد يهيدون الراء	1	REET ADDRESS	in a second				wen i t	
	C+TY-ST-ZIP			cn	TY-ST-ZIP			*			
	DOCUMENT # NAME STREET ADDRESS				REET ADDRESS						
	CITY-ST-ZIP DOCUMENT #	7P			TY-ST-ZIP	<u> </u>					
	NAME STREET ADDRESS				REET ADDRESS						
	CITY-ST-ZIP				TY-ST-ZIP					**************************************	
	NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		ITY-ST-ZIP	Total Agents	<u>.</u>		· ·	- /4	
	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 accordate 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Silence/Summer 100, 300, 300, 400, 4										