

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 MAY 14 PM 1:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A93000001380**



1. Entity Name  
 PRAXIS OF DEERFIELD BEACH II, LTD.

Principal Place of Business  
 1111 S.W. 15TH STREET  
 DEERFIELD BEACH, FL 33441

Mailing Address  
 3105 WEST SCENIC DRIVE  
 DANIELSVILLE, PA 18038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05052004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0451188

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BRADY & BRADY PA  
 370 N. CAMINO GARDENS BLVD.  
 SUITE 200C  
 BOCA RATON, FL 33432

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

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

DATE

9. Capital Contributions  
 as Shown on record.

**\$1,574,300.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 # P93000086360  
 NAME LRH, INC.  
 STREET ADDRESS 3105 W. SCENIC DR.  
 CITY-ST-ZIP DANIELSVILLE, PA 18038

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500037718755**  
 06/07/04--01021--043 \*\*543.75

*[Handwritten Signature]*

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:

*Stephanie M. Gler*

5/7/04

6108376280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE