


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000215</b> 1. Entity Name SPS ASSOCIATES II, LTD.					
Principal Place of Business 603 INDIAN ROCKS ROAD BELLEAIR, FL 34616-2056			Mailing Address 603 INDIAN ROCKS ROAD BELLEAIR, FL 34616-2056		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122004    Chg-LP    CR2E003 (10/03)	
4. FEI Number 59-3218115				Applied For <input type="checkbox"/> 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		
RUGGLES, THOMAS W 603 INDIAN ROCKS ROAD BELLEAIR, FL 34616-2056			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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.    \$73,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000014634		STREET ADDRESS		
NAME	49TH STREET NORTH CORPORATION ✓		CITY - ST - ZIP		
STREET ADDRESS	603 INDIAN ROCKS ROAD				
CITY - ST - ZIP	BELLEAIR, FL 346162056				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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: <i>S. Leonard Hollins</i> President of 49th Street North Corporation General Partner			1/12/04 (410) 356-2882 Daytime Phone #		

STAPLE CHECK HERE