

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000000924**

1. Entity Name  
**LANE FAMILY LIMITED PARTNERSHIP II**



Principal Place of Business  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

Mailing Address  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3273889**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANE, CAROL R**  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

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. **\$227,065.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **\$227,065.00**

**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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**LANE, CAROL R**  
**5700 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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03/18/05-80002-015 526.25

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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:**

*Carol R. Lane*

*Carol R. Lane*

*3/8/05*

*727-545-9555*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE