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2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001704 1. Entity Name GREAT POTPOURRI II, LTD.					
Principal Place of Business 4525 MYRTLE ST. EDGEWATER, FL 32141			Mailing Address PMB 354 1982 SR 44 NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3290038	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142004 Chg-LP CR2E003 (10/03)	
5. Name and Address of Current Registered Agent KELLEY, EOGHAN N 4525 MYRTLE ST. EDGEWATER, FL 32141				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,561,000.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000086871		STREET ADDRESS		
NAME	GREAT POTPOURRI, INC.		CITY-ST-ZIP		
STREET ADDRESS	601 WEST SEMINOLE BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
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CITY-ST-ZIP			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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/16/04 386 345 4811 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

By Eoghan N Kelley, Pres