

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

**DOCUMENT # A95000000483**

1. Entity Name  
**TRIVEST EQUITY PARTNERS II, LTD.**



**FILED**

**04 APR 29 AM 10:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0577427**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GERSHMAN, DAVID  
2665 SOUTH BAYSHORE DRIVE, SUITE 800  
MIAMI, FL 33133**

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

9. Capital Contributions  
as Shown on record. **\$41,300,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date: **41,397,178**

**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 # **A95000000481**  
NAME **TRIVEST FUND II MANAGER, LTD.**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 800**  
CITY-ST-ZIP **MIAMI, FL 33133**

**13. ADDRESS CHANGES ONLY**  
STREET ADDRESS  
CITY-ST-ZIP **100034656961**  
**04/29/04 01031 022 \*\*\*526.25**

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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:** *Mich. Gersham, Secretary*

**4/29/04 305-858-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE