2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 01, 2004 08:00 AM Secretary of State DOCUMENT # A95000000754 1. Entity Name P.G.A. II, LTD. Principal Place of Business Mailing Address 1551 FORUM PLACE, SUITE 100 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State 65-0549391 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROCK, PETER Street Address (P.O. Box Number is Not Acceptable) 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401 City Zio 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, yiped or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$944,888.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # P94000092357 STREET ADDRESS P.G.A. II CORP. NAME STREET ADDRESS 1551 FORUM PLACE, SUITE 100 U00000104725 CITY-ST-752 04/06/04-80024-004_526..25 WEST PALM BEACH, FL 33401 CXTY-ST-71P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-782 CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information flure shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or quired by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied with this filing indicated on this report is true and accurate and that the receiver or trustee empowered to execute the receiver or trustee empowered to execute the receiver or trustee.

FILED