

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


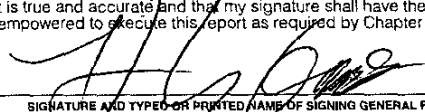
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A95000000934</b>					
1. Entity Name LORENZO PROPERTIES II, LTD.					
Principal Place of Business 4310 N.W. 35TH AVENUE MIAMI, FL 33142			Mailing Address 4310 N.W. 35TH AVENUE MIAMI, FL 33142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0587325	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 N.W. LEJEUNE ROAD, SUITE 324 MIAMI, FL 33126				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. \$298,118.94			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 #	P95000046911		STREET ADDRESS		
NAME	LORENZO PROPERTIES II, INC.		CITY-ST-ZIP		
STREET ADDRESS	4310 N.W. 35TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 33142				
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			HUMBERTO LORENZO 4-29-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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06/11/04--01029--028 \*\*526.25