

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A96000000243**

1. Entity Name  
**SMIGIEL PARTNERS II, LTD.**



Principal Place of Business  
**7965 LANTANA ROAD  
LAKE WORTH, FL 33467**

Mailing Address  
**P.O. BOX 540623  
LAKE WORTH, FL 33454**

**FILED**

**04 JUL -8 PM 2: 02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



07022004 Chg-LP CR2E003 (10/03)

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

**65-0521146**

Applied For

Not Applicable

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

**SMIGIEL, GARY  
1020 S. LAKESIDE DRIVE  
LAKE WORTH, FL 33460**

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

**7/6/04**

9. Capital Contributions  
as Shown on record. **\$850,581.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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  
**L95000000011  
GARY SMIGIEL II, L.C.  
1020 S. LAKESIDE DRIVE  
LAKE WORTH, FL 33460**

STREET ADDRESS  
CITY-ST-ZIP  
**7965 Lantana Road  
Lake Worth, FL 33467**

DOCUMENT #  
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CITY-ST-ZIP

STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

**7/6/04 761-918-3605**