

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142004 Chg-LP CR2E003 (10/03)

DOCUMENT # A96000000660	
1. Entity Name C.F.G. II, LTD.	



Principal Place of Business 8705 PERIMETER PARK BLVD., SUITE 8 JACKSONVILLE, FL 32216	Mailing Address 8705 PERIMETER PARK BLVD., SUITE 8 JACKSONVILLE, FL 32216
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2. Principal Place of Business 8711 PERIMETER PARK BLVD. Suite, Apt. #, etc. SUITE 11 City & State JACKSONVILLE, FL Zip 32216 Country USA	3. Mailing Address 8711 PERIMETER PARK BLVD. Suite, Apt. #, etc. SUITE 11 City & State JACKSONVILLE, FL Zip 32216 Country USA
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6. Name and Address of Current Registered Agent FORT, DONALD C 8705-8 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216	
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7. Name and Address of New Registered Agent Name FORT, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 8711-11 PERIMETER PARK BLVD. City JACKSONVILLE FL Zip Code 32216	
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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. \$2,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	FORT, DONALD C	STREET ADDRESS	8711-11 PERIMETER PARK BLVD.
NAME	8705 PERIMETER PARK BLVD., SUITE 8	CITY-ST-ZIP	JACKSONVILLE, FL 32216
STREET ADDRESS	JACKSONVILLE, FL 32216		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/04

Date

(904) 641-0018

Daytime Phone #

STAPLE CHECK HERE