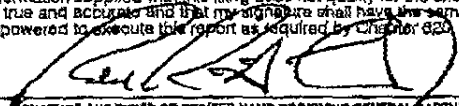


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004
FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001762 1. Entity Name RSL FINANCE LIMITED PARTNERSHIP II					
Principal Place of Business 2333 PONCE DE LEON BLVD., SUITE R-60 CORAL GABLES, FL 33134			Mailing Address 2333 PONCE DE LEON BLVD., SUITE R-60 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FE Number 65-0696987	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ST. LOUIS, ROLAND R JR. 2333 PONCE DE LEON BLVD., SUITE R-60 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and this if applicable.					
9. Capital Contributions as Shown on record. \$1,000,000.00			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 # P96000058685 NAME RSL HOLDINGS, INC. STREET ADDRESS 2333 PONCE DE LEON BLVD., SUITE R-60 CITY-ST-ZIP CORAL GABLES, FL 33134				STREET ADDRESS CITY-ST-ZIP	
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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)(b), 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: 				7/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



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