


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001812	
1. Entity Name CANDLEWOOD II HOLDINGS, LTD.	

Principal Place of Business 3250 MARY STREET, SUITE 306 MIAMI FL 33133	Mailing Address 3250 MARY STREET, SUITE 306 MIAMI FL 33133
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2. Principal Place of Business Suite, Apt. #, etc	3. Mailing Address Suite, Apt # etc
City & State	City & State
Zip Country	Zip Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 58-2263472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	M02000001417 STYLES HOLDINGS, LLC 3250 MARY STREET, SUITE 306 MIAMI FL 33133	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #