## ,2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

## Mar 01, 2005 08:00 AM DOCUMENT # A9700000342 Secretary of State 1. Entity Name BROOKSIDE ASSOCIATES II, LTD. Principal Place of Business Mailing Address 3404 MAGENTA WAY BRANDON FL 33511 MR. ERIC J. ROBBINS 20 COMMUNITY PLACE MORRISTOWN NJ 07960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 59-3428776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDS, JUDITH 19451 CEDAR GLEN DR. Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33434 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$7,500,00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # P97000011771 STREET ADDRESS BROOKSIDE MANOR II, INC. <u> 100000545544</u> 20 COMMUNITY PLACE STREET ADDRESS Ú3/Ú1/05-80035-002 150.00 CITY-ST-7IP CITY-ST-ZIP MORRISTOWN NJ 07960 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE CHECK HERE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP DOCUMENT. STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY-ST-7IP 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**FILED**