

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 MAY -5 PM 1:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A97000002103

1. Entity Name
KINGSGATE ASSOCIATES II, LTD.



Principal Place of Business
**570 DELAWARE AVENUE
 BUFFALO, NY 14202**

Mailing Address
**570 DELAWARE AVENUE
 BUFFALO, NY 14202**

2. Principal Place of Business
8441 Cooper Creek Blvd

3. Mailing Address
8441 Cooper Creek Blvd

Suite, Apt. #, etc.



01202004 Chg-LP CR2E003 (10/03)

City & State
UNIVERSITY PARK FL

City & State
UNIVERSITY PARK FL

Zip
34201

Country

4. FEI Number
16-1537908

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 _____ 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.

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	
DOCUMENT #	M97000000619
NAME	POST FALLS MANAGEMENT ASSOCIATES, LLC
STREET ADDRESS	570 DELAWARE AVENUE
CITY-ST-ZIP	BUFFALO, NY 14202
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	8441 Cooper Creek Blvd
CITY-ST-ZIP	UNIVERSITY PARK FL 34201
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000037532580
CITY-ST-ZIP	06/02/04--01805--012 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *David H. Baldauf* **DAVID H. BALDAUF** **MGR OF GP** **4/22/2004** **941.359.8303**

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

MULTIPLE CHECK HERE