2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 19, 2004 08:00 AM Secretary of State

			ay 1, 2004			7	Secret	ary of State
	1. Entity Nan	UMENT # A9800000706 NATIONAL-REPUBLIC ASSOCIATES II LIMITED				Secretary of State		
	Principal Place of Business Mailing Address							
	5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819		5728 MAJOR BLVD.,	5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819				
	2. Principal F	Place of Business	3. Mailing Address	ling Address				
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	03192004 Chg-LP CR2E003 (10/03)	CR2E003 (10/03)	
	City & Stat		City & State	-		4. FEI Number 59-3498		Applied For Not Applicable
	Zip Country		Zip	Country		5. Certificate o	of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
	KHATIB, RASHID A 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819 8. The above named entity submits this statement for the purpose of chancing its re-				Name			
					Street Address (P.O. Box Number is Not Acceptable)			
					City	Zip Code		
				its ranistars	ared office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
	the obligations of registered agent.							onda. Turriarina Tirri, and Eccopt
	Signature, typed or orthited name of registered agent and title it applicable.							DATE
, R	Capital Contributions as Shown on record. \$1,000,000.00 in FLORIDA to date				\$ 526.25			
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendment					TERED AND A	CTIVE WITH THE	IIS OFFICE. eneral partner.
STAPLE CHECK HERE	12. GENERAL PARTNER INFORMATION			13.			ADDRESS CH	
	DOCUMENT / NAME STREET ADDRESS	P98000016429 INTERNATIONAL-REPUBLIC AS	STRE	£T ADORESS				
	CITY-ST-ZIP	5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819			-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS	1.47		STRE	E1 ADDRESS	######################################		
	CITY-ST-ZIP	-ST-DP			-Sī -ZIP			
	DOCUMENT # NAME STREET 400RESS	,		SIRE	ET ADDRESS			
	C3TY - ST - ZIP			CITY	- 57 - ZIP			
	DOCUMENT # NAME STREET ADDRESS			Stre	ET ADDRESS			
	CITY-ST-ZIP	TY-ST-ZIP			-SI-ZIP			
	DOCUMENT # NAME STREET ADDRESS				EZERGOA TE			
	CITY-ST-ZIP BOCUMENT #			слу-	-SI-ZIP	· F		
	NAME STREET ADDRESS				ET ADORESS - ST-ZIP			
	14. Thereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and t eer or trustee empowered to execute this	this filing does not quality hat my signature shall hav report as required by Cha	for the exer	motion stated in Se	ction 119,07(3)(i), ade under oath; i	Florida Statutes. hat I am a Genera	I further certify that the information at Partner of the limited partnership or