


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000711		
1. Entity Name NORTHUP FAMILY LIMITED PARTNERSHIP II		

Principal Place of Business 3247 ENCLAVE BAY DR. CHATTANOOGA, TN 37415	Mailing Address 2077 MISTY SUNRISE TRAIL SARASOTA, FL 34240
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162005 Chg-LP CR2E003 (10/03)

4. FCI Number 65-0680059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

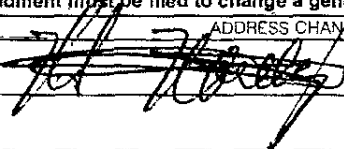
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRISON, R. CRAIG 1605 MAIN STREET, STE. 1111 SARASOTA, FL 34236		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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. \$1,981,036.29	10. Amount of Capital Contributions in FLORIDA to date. \$655,002
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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	
STREET ADDRESS	NORTHUP, RONALD S	CITY - ST - ZIP	
CITY - ST - ZIP	3247 ENCLAVE BAY DR. CHATTANOOGA, TN 37415		
DOCUMENT #	NAME	STREET ADDRESS	000000294912 04/09/05-80002-015 526.25
STREET ADDRESS	NORTHUP, DIANE T	CITY - ST - ZIP	
CITY - ST - ZIP	3247 ENCLAVE BAY DR. CHATTANOOGA, TN 37415		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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: 	941-378-5956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	