


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 APR -9 PM 4:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A9800000975**

1. Entity Name  
**R & D DEFERRARI FAMILY LIMITED PARTNERSHIP II**



Principal Place of Business  
 305 ORANGE ST.  
 OZONA, FL 34660

Mailing Address  
 P.O. BOX 6688  
 OZONA, FL 34660

2. Principal Place of Business  
**108 HARBOR DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**108 HARBOR DRIVE**  
 Suite, Apt. #, etc.

City & State  
**PALM HARBOR, FL**


City & State  
**PALM HARBOR, FL**

Zip  
**34683**

Country  
**USA**

Zip  
**34683**

Country  
**USA**



03292004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3514851**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GILBERT, BETSY**  
**305 ORANGE STREET**  
**PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name **DIANA DEFERRARI**

Street Address (P.O. Box Number is Not Acceptable)  
**108 HARBOR DR**

City **PALM HARBOR** FL Zip Code **34683**

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 *Diana Deferrari* DATE 3/31/04

Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. **\$1,350,000.00**

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 #	<b>P98000012345</b>
NAME	<b>R &amp; D DEFERRARI MANAGEMENT, INC.</b>
STREET ADDRESS	<b>305 ORANGE ST.</b>
CITY-ST-ZIP	<b>OZONA, FL 34660</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>108 HARBOR DRIVE</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000033181280</b>
CITY-ST-ZIP	<b>04/20/04--01070--016 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
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: *Diana Deferrari* DATE 3/31/04 DAYTIME PHONE # 727-787-1107

DIANA DEFERRARI NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #