

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

DOCUMENT # A98000001139

1. Entity Name
 VANDERBILT PARTNERS II, LTD.



04 JAN 26 PM 1:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 5551 RIDGEWOOD DRIVE, SUITE 203
 NAPLES, FL 34108

Mailing Address
 5551 RIDGEWOOD DRIVE, SUITE 203
 NAPLES, FL 34108

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3502704

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATHAN, G. HELEN ESQUIRE
 5551 RIDGEWOOD DRIVE, SUITE 501
 NAPLES, FL 34108

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: \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date: 1,000,000

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 # F98000001920
 NAME CG&S INVESTORS, INC.
 STREET ADDRESS 3400 EAST LAFAYETTE
 CITY-ST-ZIP DETROIT, MI 48207

STREET ADDRESS
 CITY-ST-ZIP 600027622056
 01/26/04--01091--024 **535.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-22-04 239-566-2800
Date Daytime Phone #

STAPLE CHECK HERE!