


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

FILED

2005 APR 26 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001139 1. Entity Name VANDERBILT PARTNERS II, LTD.		
Principal Place of Business 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	Mailing Address 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business 800 Laurel Oak Dr. Suite, Apt. #, etc. # 300 City & State Naples, FL Zip 34108 Country USA	3. Mailing Address 800 Laurel Oak Dr. Suite, Apt. #, etc. # 300 City & State Naples, FL Zip 34108 Country USA
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4. FEI Number 59-3502704	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ATHAN, G. HELEN ESQUIRE 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000,000
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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 #	F98000001920	STREET ADDRESS	
NAME	CG&S INVESTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3400 EAST LAFAYETTE		
CITY-ST-ZIP	DETROIT MI 48207		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE