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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Mar 08, 2005 08:00 AM Secretary of State DOCUMENT # A98000001301 1. Entity Name STIRLING APARTMENTS II, LTD. Principal Place of Business Mailing Address 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1ST MOORE CR2E003 (10/04) Applied For City & State 4. FEI Number City & State 65-0876181 Not Applicable Zip \$8.75 Additional Ζlp Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROJO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. DATE Signature, typed or printed name of registered agent and title if eppticable 10. Amount of Capital Contribution 9. Capital Contributions \$2,847,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12, DOCHMENT # P98000046780 STREET ADDRESS STIRLING APARTMENTS II. INC. NAME 1666 KENNEDY CSWY., #505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 OOCUMENT # STREET ADDRESS U00000255326 NAME 03/80/85-80010-002-526.25 STREET ADDRESS CITY-SI-7IP CITY - ST-71P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CHY-ST-7IE CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 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