


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002081	
1. Entity Name PERLMUTTER FAMILY HOLDINGS II LIMITED PARTNERSHIP	

Principal Place of Business 1400 SOUTH OCEAN BLVD., APT. N305 BOCA RATON FL 33432	Mailing Address 1400 SOUTH OCEAN BLVD., APT. N305 BOCA RATON FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City	City & State City
Zip Country	Zip Country



MOORE CR2E003 (11/03)

4. FEI Number 52-2111660	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERLMUTTER, CATHERINE 1400 SOUTH OCEAN BLVD., APT. N305 BOCA RATON FL 33432	
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7. Name and Address of New Registered Agent	
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
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9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date 1,800,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	PERLMUTTER, CATHERINE	CITY - ST - ZIP	
STREET ADDRESS	1400 SOUTH OCEAN BLVD., APT. N305		
CITY - ST - ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME	LEHRMAN, FAITH P	CITY - ST - ZIP	
STREET ADDRESS	811 RUSSELL AVE., #300		
CITY - ST - ZIP	GAITHERSBURG MD 20879		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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04/20/04-80004-011 526.25

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 <i>Faith P. Lehrman</i> FAITH LEHRMAN, GENERAL Partner	DATE 4/8/04	Daytime Phone # 410-581-2500
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