


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03162005 Chg-LP CR2E003 (10/03)

4. FEI Number 52-2111660		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERLMUTTER, CATHERINE 1400 SOUTH OCEAN BLVD., APT. N305 BOCA RATON, FL 33432		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 (if applicable)

9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date \$1,800,000.00
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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 #	PERLMUTTER, CATHERINE	STREET ADDRESS	
NAME	1400 SOUTH OCEAN BLVD., APT. N305	CITY-ST-ZIP	03/23/05-80047-016 \$26.25
STREET ADDRESS	BOCA RATON, FL 33432		
CITY-ST-ZIP			
DOCUMENT #	LEHRMAN, FAITH P	STREET ADDRESS	
NAME	811 RUSSELL AVE., #300	CITY-ST-ZIP	
STREET ADDRESS	GAITHERSBURG, MD 20879		
CITY-ST-ZIP			
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			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Faith P. Lehrman

SIGNATURE: Faith P. Lehrman

March 16, 2005 (301) 921-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE