


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 30 AM 8:36

DOCUMENT # A98000002293	
1. Entity Name BRITTANY ASSOCIATES II, LTD.	

Principal Place of Business 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS, FL 33908	Mailing Address 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS, FL 33908
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2. Principal Place of Business 9001 DANIELS PARKWAY Suite, Apt. #, etc. 200 City & State FORT MYERS FL	3. Mailing Address 9001 DANIELS PARKWAY Suite, Apt. #, etc. 200 City & State FORT MYERS FL
Zip 33912	Country



02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0874118	Applied For <input type="checkbox"/> Not Applicable
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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 ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602	
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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	
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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.

9. Capital Contributions as Shown on record. \$1.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000085283 PARKER-BRITTANY II, INC. 9400 GLADIOLUS DRIVE, SUITE 250 FT. MYERS, FL 33908	STREET ADDRESS CITY-ST-ZIP	9001 DANIELS PKWY, SUITE 200 FORT MYERS, FL 33912
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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: DAVID KNIENER 3/23/04 239-981-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE