

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002293

1. Entity Name
 BRITTANY ASSOCIATES II, LTD.



Principal Place of Business
 9001 DANIELS PARKWAY
 STE. 200
 FT. MYERS, FL 33912

Mailing Address
 9001 DANIELS PARKWAY
 STE. 200
 FT. MYERS, FL 33912



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0874118

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
 201 N. FRANKLIN STREET, SUITE 2100
 TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. This 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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record. \$1.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # P98000085283
 NAME PARKER-BRITTANY II, INC.
 STREET ADDRESS 9001 DANIELS PKWY, STE. 200
 CITY-ST-ZIP FT. MYERS, FL 33912

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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CITY-ST-ZIP

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 04/30/05-80130-001 141.25

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID KNIZNER

4/8/05

239.481.5040

Date

Daytime Phone #

STAPLE CHECK HERE