8141.25

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

Due By September 7, 2005						rlLEU	
DOCUMENT # A9800002760 1. Entity Name CROSSINGS AT CAPE CORAL II, LTD.					01412	CRETARY O 1011 OF CORI AUG -5 AF	PORATIONS
Principal Place of Business C/O JEFF SHARKEY P.O. BOX 10775 TALLAHASSEE, FL 32302		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802			(1) EBINI BBINI BBINI BBINI A	NAME (1816 (BEIE AMIN BRINEN BI IPRI	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06152005 Ch	g-LP CF	R2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0882806		Applied For Not Applicable	
- Zip -	- Country	Zip	Country		5. Certificate of Statu	us Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent			7. Name and Addres	ss of New Registe	ered Agent
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801				Name Kelli S. Chestnutt Street Address (P.O. Box Number is Not Acceptable) e Suite 640			
				City Tal	lahasse	<u> 2</u> e	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its 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.							
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital in FLORIDA to dat				itions	ti	n accordance wit he limited partne prior notice.	th s. 607.193(2)(b), F.S., rship did not receive the
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.							FICE. Il partner.
12. GENERAL PARTNER INFORMATION			13.		AC	DRESS CHANGES	SONLY
DOCUMENT / NAME STREET ADDRESS	P98000101475 CROSSINGS AT CAPE CORAL II, INC.		STREET	ADDRESS	3 00 0 08/12/05)58531 -010620	6573 14_**141.25
CITY-ST-ZIP	106 EAST COLLEGE AVE., SUITE 640 TALLAHASSEE, FL 32301		CITY-S	T-ZIP			
DOCUMENT # NAME STREET ADDRESS			STREET	ADDRESS			
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DOCUMENT / NAME	V		STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S				
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and t eer or trustee empowered to execute this	this filing does not qualify for that my signature shall have the report at required by chapte	the exemple same ler 620, Fk	ption stated in Se egal effect as if n orida Statutes	ection 119.07(3)(i), Florid hade under oath; that I is	da Statutes. I furthe	er certify that the information ner of the limited partnership or