2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATION

| | DOCUMENT # A98000002808 1. Entity Name THE STANLEY AND JANET KANE FAMILY PARTNERSHIP II, LTD. | | | | | | | 05 FEB -2 AM II: 37 | | | | |
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| | Principal Place of Business 539 NORSOTA WAY SARASOTA, FL 34242 | | | 53 | Mailing Address 539 NORSOTA WAY SARASOTA, FL 34242 | | | Vanamaa | Bidi iddii fa ir ba rii ba iri | : RB(N BB((B 1)88) | | # |
| | 2. Principal Place of Business | | | 3. N | 3. Mailing Address | | | | | | | |
| | Suite, Apt. | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01072005 | Chg-LP | CR2E003 | (10/03) | į |
| , | City & State | | | С | City & State | | | 4. FEI Number 65-6288 | | | | ed For |
| | Zip Country | | | Z | Zip Country | | | 14 | Status Desired | | 3.75 Addition | |
| | 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and / | Address of New R | | | |
| | KANE, STANLEY 539 NORSOTA WAY SARASOTA, FL 34242 | | | | | | Street Address (| y B. Kane P.O.Box Number | |) | Zip Code 3423 | |
| | 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 | | | | | | | | | | | d accept |
| | 9. Capital Contributions as Shown on record. \$486,000.00 10. Amount of Capital Co in FLORIDA to date. | | | | | | | | | DATE | | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the for | | | | | | IUST BE REGIS 1; an amendmer | TERED AND A | CTIVE WITH TH I to change a ge | IS OFFICE. eneral partn | er. | |
| | 12. GENERAL PARTNER INFORMATION | | | | | | | ADDRESS CHANGES ONLY | | | | |
| | DOCUMENT / NAME | KANE STANLEY | | | | STR | EET ADDRESS | | | | | |
| | STREET ADDRESS CITY-ST-ZIP | 539 NORSOTA WAY SARASOTA, FL 34242 A 9800002808 KANE, JANET | | | . 1.2 | | '- ST- ZIP | | | | | |
| | DOCUMENT # | | | | | STR | EET ADDRESS | | | | | |
| | STREET ADDRESS City-St-Zip | | | | | | | | | | , | |
| | DOCUMENT / NAME | A98000002808 Betsy Kane-Hartnett | | | | STR | EET ADDRESS | A STATE OF THE STA | | • | | |
| | STREET ADDRESS CITY-ST-ZIP | 1405 Westbrook Dr. Sarasota, FL 34231 | | | | ст | /-ST-ZIP | | | | | |
| | DOCUMENT / NAME | A98000002808 Katherine Kane | | | | STR | EET ADDRESS | 90 | 0046 | 4000 | | |
| ERE | STREET ADDRESS City-St-Zip | TADORESS 4284 Ballards Mill Rd SI-2IP Free Union, VA 22940 | | | | CITY | '-ST-ZIP | | /0501014 | | | 25 |
| CKI | DOCUMENT / NAME | Priscilla Kane Hellweg | | | | | EET ADDRESS | | | | | |
| STAPLE CHECK HERE | street ADDRESS 1036 Northampton Stre CCITY-ST-ZIP Holyoke, MA 01040 | | | n Stree 40 | eet | | '-ST-ZIP | 7 | | | | |
| STAPL | DOCUMENT # NAME | adoress . - Zip | | | | | EET ADDRESS | | | | | |
| | GTREET ADDRESS CITY-ST-ZIP | | | | | | '- ST-ZIP | | | | .* | |
| | 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. | | | | | | | | | | | rmation |

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 empewered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Betsy Kane-Hartnett 1/25/05 941 906-7700

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

Daylore Provi

1