
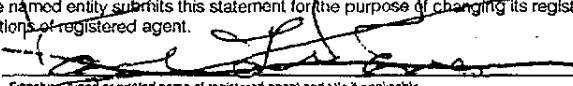



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000567</b> 1. Entity Name <b>THE PAVER FAMILY LIMITED PARTNERSHIP II</b>					
Principal Place of Business <b>4370 S. TAMiami TRAIL          #242          SARASOTA, FL 34239</b>			Mailing Address <b>4370 S. TAMiami TRAIL          #242          SARASOTA, FL 34239</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0909314</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PAVER, PAUL L          4370 S. TAMiami TRAIL          SARASOTA, FL 34239</b>				7. Name and Address of New Registered Agent 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/31/05</b>	
9. Capital Contributions as Shown on record. <b>\$950,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>PAVER, PAUL L          4370 TAMiami TRAIL          SARASOTA, FL 34239</b>		STREET ADDRESS CITY-ST-ZIP	<b>000000234942          04/09/05-80009-005 526.25</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>PAVER, DORIS M          4370 TAMiami TRAIL          SARASOTA, FL 34239</b>		STREET ADDRESS CITY-ST-ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE <b>3/31/05</b> <small>Daytime Phone #</small>	

STAPLE CHECK HERE