


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
AND  
FILED

04 APR 22 PM 6:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A99000000719</b> 1. Entity Name <b>THE BAND FAMILY PARTNERSHIP II, LTD.</b>	
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Principal Place of Business <b>240 SOUTH PINAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>	Mailing Address <b>C/O DAVID S. BAND P.O. BOX 49948 SARASOTA, FL 34236</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222004 Chg-LP CR2E003 (10/03)



4. FEI Number <b>65-0917328</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BAND, DAVID S 240 SOUTH PINAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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 #	<b>615740</b>	STREET ADDRESS	
NAME	<b>DSB, INC.</b>	CITY-ST-ZIP	<b>500034380875</b>
STREET ADDRESS	<b>240 SOUTH PINAPPLE AVE., 10TH FLOOR</b>		<b>04/28/04--01019--017 **141.25</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>		

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 S. Band* **David S. Band, Director of**  
**DSB, Inc., General Partner** **3/11/04** **941-366-6660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE