
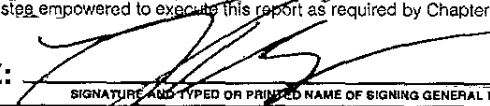


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A99000000761</b> 1. Entity Name COUNTRY CLUB VILLAS II, LTD.			
Principal Place of Business 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014		Mailing Address 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWEZY, LEWIS V 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ DATE _____			
<small>Signature, typed or printed name of registered agent into title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$5,924,050.00</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.                  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000063894	STREET ADDRESS	
NAME	COUNTRY CLUB VILLAS II, INC.	CITY-ST-ZIP	
STREET ADDRESS	5709 N.W. 158TH STREET		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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)(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: 		Date: <u>4/27/05</u>	Daytime Phone #: <u>305-821-0532</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			



03302005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0983519** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

STAPLE CHECK HERE