


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A99000001093		
1. Entity Name SUMMER BREEZE PROPERTIES II, LTD		

Principal Place of Business 3001 ISLAND POINT LANE #11 STUART, FL 34996	Mailing Address 3001 ISLAND POINT LANE #11 STUART, FL 34996
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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

FILED
2005 MAY -2 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 Chg-LP CR2E003 (10/03)

4. FEI Number 31-1694881	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOCOCO, JOHN V 3001 ISLAND POINT LANE #11 STUART, FL 34996		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to 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 #	L99000004080	STREET ADDRESS	
NAME	SUMMER BREEZE VENTURES, LLC	CITY-ST-ZIP	
STREET ADDRESS	3001 ISLAND POINT LANE #11		
CITY-ST-ZIP	STUART, FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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05/24/05-01085-001 **138.75

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: John V. Lococo Date: 4/26/05 Daytime Phone # 502-387-5070

STAPLE CHECK HERE