

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001189	
1. Entity Name GRATIGNY PARTNERS II, LTD.	

Principal Place of Business 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181	Mailing Address 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02062004 Chg-LP CR2E003 (10/03)

4. FCI Number 65-0941007	Amended For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUNEZ, MIKE 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

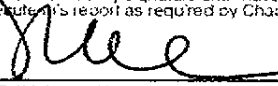
9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	P99000062769 GRATIGNY MANAGERS II, INC. ✓ 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181	STREET ADDRESS	
		CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS	U00000087930
		CITY ST ZIP	03/15/04-80030-007 526.25
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		CITY ST ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  **2/16/04 305 9481284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER