

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 15 PM 3:48

DOCUMENT # A99000001492  
 1. Entity Name  
 FLORIDA II BLUE MIST LIMITED PARTNERSHIP



Principal Place of Business      Mailing Address  
 3100 DURALEIGH RD.      3100 DURALEIGH RD.  
 #200      #200  
 RALEIGH, NC 27612      RALEIGH, NC 27612



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

02102004    Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 56-2156341      Not Applicable

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

6. Name and Address of Current Registered Agent  
 TURNER, SUSAN K  
 6033 34TH STREET W. #56  
 BRADENTON, FL 34205

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.      \$900.00      10. Amount of Capital Contributions in FLORIDA to date.      900.00

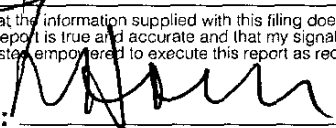
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                  | 13. ADDRESS CHANGES ONLY |                                |
|---------------------------------|----------------------------------|--------------------------|--------------------------------|
| DOCUMENT #                      | P99000079708                     | STREET ADDRESS           | 3100 Duraleigh Road, Suite 200 |
| NAME                            | BLUE MIST MANAGEMENT, INC.       | CITY-ST-ZIP              | Raleigh, NC 27612              |
| STREET ADDRESS                  | 3404 WAKE FOREST ROAD, SUITE 201 |                          |                                |
| CITY-ST-ZIP                     | RALEIGH, NC 27609                |                          |                                |
| DOCUMENT #                      |                                  | STREET ADDRESS           |                                |
| NAME                            |                                  | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  |                                  |                          |                                |
| CITY-ST-ZIP                     |                                  |                          |                                |
| DOCUMENT #                      |                                  | STREET ADDRESS           |                                |
| NAME                            |                                  | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  |                                  |                          |                                |
| CITY-ST-ZIP                     |                                  |                          |                                |
| DOCUMENT #                      |                                  | STREET ADDRESS           |                                |
| NAME                            |                                  | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  |                                  |                          |                                |
| CITY-ST-ZIP                     |                                  |                          |                                |
| DOCUMENT #                      |                                  | STREET ADDRESS           |                                |
| NAME                            |                                  | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  |                                  |                          |                                |
| CITY-ST-ZIP                     |                                  |                          |                                |

900035807699  
 05/10/04--01051--006 \*\*141.25

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)(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:  Lewis H. Stocks, President, General Partner      2/16/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #