
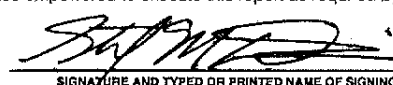


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001583			
1. Entity Name SANTA FE POINTE II LTD.			
Principal Place of Business 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669		Mailing Address 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 62-1795195		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY, FL 32669		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	A95000000823	STREET ADDRESS	
NAME	DAVIS HERITAGE LTD.	CITY - ST - ZIP	
STREET ADDRESS	20725 S.W. 46TH AVENUE		
CITY - ST - ZIP	NEWBERRY, FL 32669		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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)(f), 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:  Stefan M. Davis		2/24/05 352-472-7773	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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