2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

David C. Strong

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A99000001918** EAGLE ROCK PARTNERS II, LTD. 05 APR -4 AM 10: 57 Principal Place of Business Mailing Address 1201 SOUTH ORLANDO AVENUE, SUITE 360 C/O DAVID C. STRONG WINTER PARK, FL-32789 P.O. BOX 276 WINTER PARK, FL 32790 2. Principal Place of Business 3. Mailing Address 1000 N. Orlando Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LP CR2E003 (10/03) Suite D City & State City & State Applied For 4. FEI Number 59-3609397 Winter Park. Not Applicable Zip 32789 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRONG, DAVID C 1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK, FL 32789 Street Address (P.O. Box Number is Not Acceptable) 1000 N. Orlando Avenue Suite D Winter Park 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 Signature, typed of printed name of registered agent a d title d applicable 9. Capital Contributions 10. Amount of Capital Contributions \$599.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # P99000101272 STREET ADDRESS 1000 N. Orlando Ave., Ste D MAME STRONG/EAGLE ROCK II, INC. STREET ADDRESS 1201 SOUTH ORLANDO AVENUE, SUITE 360 City-St-ZIP Winter Park, FL 32789 CITY-ST-ZIP WINTER PARK, FL- 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <del>- 500050423335</del> 04/11/05--01079--003 \*\*141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 Parlner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Strong Eagle Rock II, Inc., General Partner 110 3/22/05 407-629-1800 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

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