


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

APPROVED  
AND  
FILED

04 APR -8 PM 3:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A99000001922</b> 1. Entity Name CLARMART II LIMITED PARTNERSHIP	
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Principal Place of Business 99A LAKE DESHNY ROAD, SUITE 102 ALTAMONTE SPRINGS, FL 32714 270 Waymont Ct #110 Lake Mary, FL 32746	Mailing Address 99A LAKE DESHNY ROAD, SUITE 102 ALTAMONTE SPRINGS, FL 32714 270 Waymont Ct #110 Lake Mary, FL 32746
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03112004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3623193	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 FORD, ALBERT E II, ESQ 99A LAKE DESHNY ROAD, SUITE 102 ALTAMONTE SPRINGS, FL 32714 270 Waymont Ct, #110 Lake Mary, FL 32746	
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. \$2,470,245.00	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 # P990000095502 NAME LAZAAN INVESTMENTS, INC. Suite 110 STREET ADDRESS 99A LAKE DESHNY ROAD, SUITE 102 Lake Mary, FL CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 32746	STREET ADDRESS 270 Waymont Ct, Ste 110 CITY-ST-ZIP Lake Mary, FL 32746
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	000033407260
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	04/21/04--01019--008 **526.25
CITY-ST-ZIP	
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DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
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)(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:**  **MARK R. CARSON** 4-6-04 407-984-5304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE