

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # B00000000363

1. Entity Name

J.L.S. JENSEN BEACH II, L.P.



Principal Place of Business

**400 ARTHUR GODFREY ROAD, SUITE 200
MIAMI BEACH FL 33140**

Mailing Address

**400 ARTHUR GODFREY ROAD, SUITE 200
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

65-1057044

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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

DATE

**9. Capital Contributions
as Shown on record.**

\$2,000.00

**10. Amount of Capital Contributions
in FLORIDA to date.**

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If
first notice was not received, check box
and do not include \$400 late fee. ☒

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 # M00000002449
NAME J.L.S., GP II LLC
STREET ADDRESS 400 ARTHUR GODFREY ROAD, SUITE 506
CITY - ST - ZIP MIAMI BEACH FL 33140

STREET ADDRESS

CITY - ST - ZIP

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08/23/04-80010-007 141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Eric D. Shepard 08-13-04 305-673-3707

STAPLE CHECK HERE