


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 MAY 28 PM 1:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B02000000409		
1. Entity Name PFL II, L.P.		

Principal Place of Business 1209 ORANGE ST. WILMINGTON, DE 19805	Mailing Address 1140 RESERVOIR AVE. CRANSTON, RI 02920
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05052004 Chg-LP CR2E003 (10/03)

City & State	City & State	4. FEI Number 11-3660595	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$100.00	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	
DOCUMENT #	L03000033226
NAME	PFL II GP, LLC
STREET ADDRESS	1140 RESERVOIR AVE.
CITY-ST-ZIP	CRANSTON, RI 02920
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700037428827
CITY-ST-ZIP	05/28/04--01048--003 **541.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date _____ Daytime Phone # _____

STAPLE CHECK HERE