2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

1. Entity Nam	MENT # B0400000			FILED  2005 FEB 23 AM 8: 57  DIVISION OF CORPORATIONS  DIVISION OF CORPORATIONS					
Principal Place of Business 11350 MCCORMICK RD STE. LL-4 HUNT VALLEY, MD 21031  Maiting Address 11350 MCCORMICK RD ST HUNT VALLEY, MD 21031				4	ŢĀ	LLAHASSE	È, FLOR	ADI	
2. Principal Place of Business 7125 Thomas Edison Drive Suite, Apt. #, etc.  3. Mailing Address 7125 Thomas Ed Suite, Apt. #, etc.				n Drive	V /05//05 /05 // 25/				
	e 225	1 ' ' '	Suite 225		02082005	Chg-LP	CR2E00	3 (10/03)	
City & Stat		City & State	_	4. FEI Number 04-3792	690		Applied For		
Columb Zip	oia, Maryland Country	Columbia, Maryla			<u> </u>		_ <	Not Applicable 8.75 Additional	
	South, Lip				5. Certificate of	Status Desired		ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CICORP	C T CORPORATION SYSTEM				Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	
					r <sub>-</sub>				
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				DATE				
	9. Capital Contributions as Shown on record. \$20.00 10. Amount of Capital Continuous in FLORIDA to date.								
	NOTE: General Partners Ma					to change a g	eneral part	ner.	
12. GENERAL PARTNER INFORMATION DOCUMENT / M99000001213					ADDRESS CHANGES ONLY				
NAME STREET ADDRESS	MONARCH PROPERTIES II, LL 11350 MCCORMICK RD STE. L		CITY CT. 710			125 Thomas Edison Drive, Suite 225			
DOCUMENT #	HUNT VALLEY, MD 21031		STREE	ET ADDRESS	lumbia, M	laryland	21046		
NAME STREET ADDRESS				ST-ZIP					
DOCUMENT #		<u> </u>	_	ET ADDRESS					
NAME STREET ADDRESS				ST-ZIP	7.0 02/25	<b>30047</b> 7050104	310 8020	<del>907</del> **141.25	
DOCUMENT #			STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				• •	
DOCUMENT /			STREE	ET ADDRESS					
SIREET ADDRESS			CITY-	ST-ZIP					
DOCUMENT / NAME			STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1			ST-ZIP					
14. I hereby certify that the information supplied by this nling bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report, strul and accurate and that my simulature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report a frequired by Chapter 620, Florida Statutes  John R. Fallon, Jr. 2/18/05 212-424-8 000									
SIGNATURE:									