


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

**FILED
May 07, 2004 08:00 AM
Secretary of State**

| | | | | | |
|---|----------------------------|---------------------|--|--|--|
| DOCUMENT # B93000000199 | | | |  | |
| 1. Entity Name EAGLES LANDING II, LTD. | | | | | |
| Principal Place of Business 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 | | | Mailing Address 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 63-1092201 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KENNY, JOHN C ESQ. 241 EAST 6TH AVENUE TALLAHASSEE, FL 32303 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$990.00 | | | 10. Amount of Capital Contributions 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P31581 | | STREET ADDRESS | | |
| NAME | ARBOR PROPERTIES, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 2750 OLD ST. AUGUSTINE RD. | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | 1193000158717 05/07/04-90033-015 150.00 | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| 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: <u>W.R. Jr. [Signature]</u> , President <u>William G. Thames, Jr.</u> 4-30-04 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |
| <small>Date</small> <u>4-30-04</u> <small>Daytime Phone #</small> <u>(850) 656-7667</u> | | | | | |

STAPLE CHECK HERE