

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 28 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B94000000300

1. Entity Name
BUZZMAN PARTNERS II, LIMITED PARTNERSHIP



Principal Place of Business
10440 LITTLE PATUXENT PKWY., SUITE 700
COLUMBIA, MD 21044

Mailing Address
10440 LITTLE PATUXENT PKWY., SUITE 700
COLUMBIA, MD 21044

2. Principal Place of Business
175 TOYOTA PLAZA

3. Mailing Address

Suite, Apt. #, etc.
700

Suite, Apt. #, etc.

City & State
MEMPHIS, TN

City & State

Zip
38103

Country
USA

Zip

Country

03112005 Chg-LP CR2E003 (10/03)

4. FEI Number
23-2771843

Applied For
Not Applicable

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

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. \$1,350,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,350,000.00

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 # B94000000029
NAME SUSA PARTNERSHIP, L.P.
STREET ADDRESS 10440 LITTLE PATUXENT PKWY., SUITE 700
CITY-ST-ZIP COLUMBIA, MD 21044

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 175 TOYOTA PLAZA, SUITE 700
CITY-ST-ZIP MEMPHIS, TN 38103

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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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: Jim Eikenburg 4/21/05 410-730-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE