


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> B95000000302	
<b>1. Entity Name</b> PACKER FAMILY LIMITED PARTNERSHIP II	

<b>Principal Place of Business</b> 9801 PULASKI HWY BALTIMORE MD 21220	<b>Mailing Address</b> 1530 N. MILITARY TRAIL WEST PALM BEACH FL 33409
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 52-1942183		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

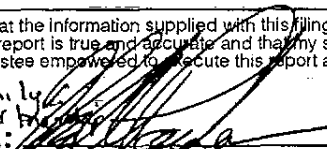
<b>6. Name and Address of Current Registered Agent</b>  PACKER, MARK A 1530 N. MILITARY TRAIL WEST PALM BEACH FL 33409	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>8. 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.</b>		<b>11. FILE NOW!!! Due by May 1, 2005.</b> <b>See Block 11 instructions for fee info.</b>
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable DATE		
<b>9. Capital Contributions as Shown on record.</b> \$0.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> F95000004105	<b>NAME</b> PFLP, INC.	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 9801 PULASKI HWY	<b>CITY - ST - ZIP</b> BALTIMORE MD 21220	<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	000000230828 02/16/05-80006-005 150.00
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
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<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	

**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:**  **Mark A Packer** **2-11-05** **561-689-6500**  
# **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Date** **Daytime Phone #**

STAPLE CHECK HERE