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

Jun 14, 2004 08:00 AM Secretary of State **DOCUMENT # B96000000032** COURTYARD II ASSOCIATES, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 6903 ROCKLEDGE DRIVE, #1500 6903 ROCKLEDGE DRIVE, #1500 BETHESDA, MD 20817-1818 BETHESDA, MD 20817-1818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 52-1955662 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 City Zio Code FL 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 types or printed name of registered agent and little if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$31,683,788,00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY BOCHMENT # F96000000225 STREET ADDRESS NAME COURTYARD II ASSOCIATES MANAGEMENT CORP. STREET ADDRESS 6903 ROCKLEDGE DRIVE, #1500 CITY-ST-ZIP CITY-ST-ZIP BETHESDA, MD 208171818 A25370 DOCUMENT A U00000162579 46/04-0001-STREET ADDRESS COURTYARD BY MARRIOTT II LTD. PARTNERSHIP NAME STREET ADDRESS 10400 FERNWOOD ROAD City-St-ZiP CITY-ST-ZIP BETHESDA, MD 20817 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C37Y-S7-23P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-2IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

STAPLE CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

Susan E, Wallace 03/30/04 (240) 744-1000

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 eath; 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

FILED