2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005 SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B9700000048 1. Entity Name 05 MAR 24 AM 8: 56 POWELL PROPERTIES II, LTD. Principal Place of Business Mailing Address P.O. BOX 1080 **626 KENTUCKY AVENUE** PADUCAH, KY 42003 PADUCAH, KY 42002-1080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 61-1294679 Not Applicable Zip Country 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$903,500.00 in FLORIDA to date. as Shown on record. \$903,500.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT A STREET ADDRESS POWELL, GREGORY L 1700 AUSTIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ABILENE, TX 79601 DOCUMENT # STREET ADORESS POWELL, JOE A NAME 7000495562 STREET ADDRESS 14 WEST VALE CITY-ST-ZIP CITY - ST - ZIP PADUCAH, KY 42001 DOCUMENT # STREET ADDRESS POWELL, JOE L STREET ADDRESS 342 GARLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP PADUCAH, KY 42001 DOCUMENT # STREET ADDRESS POWELL, PATRICK S NAME STREET ADDRESS 2 WEST VALE CITY-ST-ZIP CITY - ST - ZIP PADUCAH, KY 42001 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP OCCUMENT # STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE

STAPLE

NAME STREET ADDRESS

MAING YATTALE 3/21/05 270 247-3042
CHALPARTHER Daylor Phone 9