

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # B97000000304

1. Entity Name

LEMB II, L.P.



Principal Place of Business

6991 E. CAMELBACK RD., #B360
SCOTTSDALE AZ 85251

Mailing Address

6991 E. CAMELBACK RD., #B360
SCOTTSDALE AZ 85251

2. Principal Place of Business

6991 E. CAMELBACK RD.

3. Mailing Address

6991 E. CAMELBACK RD.

Suite, Apt. #, etc.

B310

Suite, Apt. #, etc.

B310

City & State

SCOTTSDALE, AZ

City & State

SCOTTSDALE, AZ

Zip

85251

Country

USA

Zip

85251

Country

USA

4. FEI Number

86-0877752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F00000000022
NAME PAMI-LEMB II INC.
STREET ADDRESS 3 WORLD FINANCIAL CENTER, 12TH FLOOR
CITY-ST-ZIP NEW YORK NY 10285

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100037814561

06/09/04--01077--015 **141.25

[Handwritten signature]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

S-25-04

Date

480-423-5700

Daytime Phone #

FILED

04 MAY 27 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE