FILED

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Jun 10, 2005 08:00 AM

Jason Schlesinger Director

Due By September 7, 2005				Secretary of State	
DOCUMENT # B9700000487 1. Entity Name CEEBRAID-SIGNAL PORTFOLIO II, L.P.					
Principal Place of Business Mailing Address C/O CEEBRAID-SIGNAL CORPORATION 250 SOUTH AUSTRALIAN AVENUE 250 SOUTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401		NUE			
Principal Place of Business 3. Mailing Address			-		
Suite, Apt. #, etc. Suite, Apt. #, etc.				05052005 Chg-LP CR2E003 (10/03)	
City & State City & State			·····	4. FEI Number Applied For	
Zip Country	Zip	Country		65-0790452 Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
6. Name and Address of Curren	 t Registered Agent	<u> </u>	 	7. Name and Address of New Registered Agent	
			Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 at the obligations of registered agent.					
	_				
SIGNATURE Signature, typed or printed name of registered agent and site if applicable.				DATE	
S. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date.			in accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.		
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 PARTNE DOCUMENT / F97000004856	RINFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT# F97000004856 NAME CEEBRAID-SIGNAL II, INC. STREET ADDRESS 250 SOUTH AUSTRALIAN AVE CITY-ST-ZIP WEST PALM BEACH, FL 3340			EET ADDRESS	//00000369419 06/10/05-80006-012 141.25	
DOCUMENT#		ern	EET AODRESS	00010000 00000 01E 111160	
NAME STREET ADDRESS		218	EET ADDRESS		
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STREET ADDRESS CITY-ST-ZIP	·	спу	-\$T-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 Clabra H- Signa III, INC.					