


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B98000000247

1. Entity Name
SOUTHPORT SPRINGS II, L.P.



FILED
04 JUL -6 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ROSOW & COMPANY
167 OLD POST ROAD
SOUTHPORT, CT 06890

Mailing Address
C/O ROSOW & COMPANY
167 OLD POST ROAD
SOUTHPORT, CT 06890



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

07022004 Chg-LP CR2E003 (10/03)

4. FEI Number
06-1513308
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

9. Capital Contributions, as Shown on record. **\$0.00**

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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000391	STREET ADDRESS	
NAME	SOUTHPORT SPRINGS ANNEX, LLC	CITY-ST-ZIP	
STREET ADDRESS	167 OLD POST ROAD		
CITY-ST-ZIP	SOUTHPORT, CT 06890		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: *Christopher D Rosow* **CHRISTOPHER D ROSOW** **7-2-04** **203-259-7272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #