2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002714

Entity Name: IRT CAPITAL CORPORATION II

FILED Apr 10, 2005 Secretary of State

Littly Na	IIIE. IKT CAFI	TAL CORFORATION II					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
1696 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 Current Mailing Address:			1600 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 New Mailing Address:				
							1696 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179
FEI Number	: 58-2244144	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desir	ed ()	
Name and	d Address of C	Current Registered Agent:	Name and	l Address o	f New Registered Agent:		
1201 HAY	ATION SERVIC S STREET SSEE, FL 323						
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing	its registered	d office or registered agent	, or both,	
SIGNATU	RE:						
	Electror	nic Signature of Registered Age	ent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	KATZMAN, CHA 1696 N.E. MIAN	Delete AIM II GARDENS DRIVE BEACH, FL 33179	Title: Name: Address: City-St-Zip:		(X) Change () Addition CHAIM AMI GARDENS DRIVE MI BEACH, FL 33179		
Title: Name: Address: City-St-Zip:	VALERO, DOR 1696 N.E. MIAN) Delete ON /II GARDENS DRIVE BEACH, FL 33179	Title: Name: Address: City-St-Zip:		(X) Change () Addition DRON AMI GARDENS DRIVE MI BEACH, FL 33179		
Title: Name: Address: City-St-Zip:	SIPZNER, HOV 1696 N.E. MIAN) Delete VARD M II GARDENS DRIVE BEACH, FL 33179	Title: Name: Address: City-St-Zip:		(X) Change () Addition OWARD M AMI GARDENS DRIVE MI BEACH, FL 33179		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	1600 NE MI	() Change (X) Addition R, ARTHUR L AMI GARDENS DRIVE MI BEACH, FL 33179		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L. GALLAGHER VPS 04/10/2005