


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1/30/2004-90001-016-\$50.00-\$50.00

DOCUMENT # L02000023544			
1. Entity Name CONDO PARTNERS II, LLC			
Principal Place of Business C/O SWANN & HADLEY, P.A. 1031 WEST MORSE BLVD., SUITE 160 WINTER PARK FL 32789		Mailing Address PO BOX 7407 DAYTONA BEACH SHORES FL 32116-7407	
2. Principal Place of Business 2403 S. ATLANTIC AVE		3. Mailing Address	
Suite, Apt. #, etc. Daytona Beach, FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32118	Country	Zip	Country

FILED
04 FEB 17 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

4. FEI Number AP-PLIED FOR		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
COOK, DOUGLAS M C/O SWANN & HADLEY, P.A. 1031 WEST MORSE BLVD., SUITE 160 WINTER PARK FL 32789		
7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) 2403 S. ATLANTIC AVE City Daytona beach shores, FL		
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.		Zip Code 32118
SIGNATURE <i>Douglas M Cook</i>		DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, DOUGLAS M PO BOX 7407 DAYTONA BEACH SHORES FL 32116-7407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Douglas M Cook* 1-25-04 386-547-5702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #