


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90135 047 ***150.00

DOCUMENT # P01000099819

1. Entity Name
FORT LAUDERDALE INVESTMENT PARTNERSHIP II, INC.



Principal Place of Business Mailing Address
300 S.E. 2ND ST., 8TH FLOOR **300 S.E. 2ND ST., 8TH FLOOR**
FT. LAUDERDALE FL 33301 **FT. LAUDERDALE FL 33301**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1147308 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
JONES, PATRICIA
300 S.E. 2ND ST., 8TH FLOOR
FT. LAUDERDALE FL 33301

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | STILES, TERRY W | |
| STREET ADDRESS | 300 S.E. 2ND ST., 8TH FLOOR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | EAGON, DOUGLAS P | |
| STREET ADDRESS | 300 S.E. 2ND ST., 8TH FLOOR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | JONES, PATRICIA | |
| STREET ADDRESS | 300 S.E. 2ND ST., 8TH FLOOR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PALMER, STEPHEN R | |
| STREET ADDRESS | 300 S.E. 2ND ST., 8TH FLOOR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | STINE, JAMES W | |
| STREET ADDRESS | 300 S.E. 2ND ST., 8TH FLOOR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FERRERA, ROCCO | |
| STREET ADDRESS | 300 S.E. 2ND ST., 8TH FLOOR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Rocco Ferrera** 4/19/04 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
14021054
#P01000099819
UNIFORM BUSINESS REPORT

11. CONTINUED

TITLE: V
NAME: O'SHEA, DENNIS F.
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: Assistant Secretary
NAME: FLOREK, DONNA
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301