


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90524 039 ***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**

50042712



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01142005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
65-1147308 Not Applicable

Zip Country Zip Country

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

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, 2005 Fee will be \$550.00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S Donna Florek 300 SE 2nd St Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Terry W. Stiles Terry W. Stiles 4/20/05 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50045712
#P01000099819

UNIFORM BUSINESS REPORT

10. CONTINUED

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