

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057812

FILED
Apr 06, 2004
Secretary of State

Entity Name: STODDARD REALTY MANAGEMENT GROUP II, INC.

Current Principal Place of Business:

2000 PGA BLVD
SUITE 4450
PALM BEACH GARDENS, FL 33408 US

New Principal Place of Business:

2925 PGA BLVD
SUITE 101
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

PO BOX 210608
ROYAL PALM BCH, FL 334210608 US

New Mailing Address:

FEI Number: 65-0846687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STODDARD, BATES F
2000 PGA BLVD
SUITE 4450
PALM BEACH GARDENS, FL 33408 US

Name and Address of New Registered Agent:

STODDARD, BATES F
2925 PGA BLVD
SUITE 101
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE:

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STODDARD, BATES F
Address: 2000 PGA BLVD, STE 4450
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: DV () Delete
Name: STODDARD, DIANE C
Address: 2000 PGA BLVD #4450
City-St-Zip: PALM BEACH GARDENS, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STODDARD, BATES F
Address: 2925 PGA BLVD, STE 101
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DV (X) Change () Addition
Name: STODDARD, DIANE C
Address: 2925 PGA BLVD STE 101
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: BATES F STODDARD

DP

04/06/2004

Electronic Signature of Signing Officer or Director

Date