


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000070

1. Entity Name
TOWN SQUARE AT SAINT JOHNS PHASE II LIMITED



Principal Place of Business 9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246	Mailing Address 9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246
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02152006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3666133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOEGLER, STEVEN C
9995 GATE PARKWAY N.
STE. 400
JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

DATE
15/04/06-80059-001 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L00000000146
NAME	AVENTURA/TOWN SQUARE PHASE II, LLC
STREET ADDRESS	9995 GATE PARKWAY N., STE. 400
CITY ST ZIP	JACKSONVILLE, FL 32246
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Steven C. Koegler Pres. 3/7/06 904-996-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #