


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
May 02, 2008 08:00 AM
Secretary of State**

DOCUMENT # A0000000070
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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DO NOT WRITE IN THIS SPACE



02252008 No Chg-LP CR2E003 (12/06)

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
FOSTER, DENNIS A
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 #	L0000000146
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 #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000943518
05/29/08-20062-013 500.00

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:  for General Partner 2/27/08 904-996-8800

Laissa Frenkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #