


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05000001874</b> 1. Entity Name <b>SEMINOLE WAREHOUSE PARTNERS II, LTD.</b>	
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JUN 11 11 5:41  
 FLORIDA STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business <b>4051 WEST STATE ROAD 46</b> <b>SANFORD, FL 32771</b>	Mailing Address <b>4051 WEST STATE ROAD 46</b> <b>SANFORD, FL 32771</b>
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2. Principal Place of Business	3. Mailing Address	01312006 Chg-LP CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



Zip	Country	Zip	Country	4. FEI Number <b>20-3599693</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Name and Address of Current Registered Agent <b>CARDAMONE, RICHARD</b> <b>4051 WEST STATE ROAD 46</b> <b>SANFORD, FL 32771</b>
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4. FEI Number <b>20-3599693</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> 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.
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**

**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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P05000129133	STREET ADDRESS	
NAME	SEMINOLE WAREHOUSE PARTNERS II GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	4051 WEST STATE ROAD 46		
CITY-ST-ZIP	SANFORD, FL 32771		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>700074659207</b>
STREET ADDRESS			<b>05/16/06--01016--018 **500.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:** Richard E. Cardamone      Richard E. Cardamone      1-11-06      407-302-4077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #