2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000002248

1. Entity Name
TALLMAN PINES ASSOCIATES II, LTD.

$508.75

Principal Place of Business	Mailing Address
2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133	2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

03092006 Chg-LP CR2E003 (11/05)

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
MIAMI, FL 33130

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

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 #	L05000120428	STREET ADDRESS	
NAME	TCG TALLMAN PINES II, LLC		
STREET ADDRESS	2950 S.W. 27TH AVENUE, SUITE 200	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #	N02000009190	STREET ADDRESS	
NAME	MCCAN COMMUNITIES, INC.		U00000554664
STREET ADDRESS	3810 INVERRARY BLVD., SUITE 405	CITY-ST-ZIP	05/16/06-80002-018 508.75
CITY-ST-ZIP	LAUDERHILL, FL 33319		
DOCUMENT #		STREET ADDRESS	
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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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #