

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -7 AM 10:17

DOCUMENT # A05000002248		
1. Entity Name TALLMAN PINES ASSOCIATES II, LTD.		

Principal Place of Business 2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133	Mailing Address 2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01242007 Chg-LP CR2E003 (12/06)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER MIAMI, FL 33130		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, 2007, 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	CITY-ST-ZIP	
STREET ADDRESS	2950 S.W. 27TH AVENUE, SUITE 200	STREET ADDRESS	800098247348 02/13/07--01053--010 **509.75
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
DOCUMENT #	N02000009190	STREET ADDRESS	
NAME	MCCAN COMMUNITIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	3810 INVERRARY BLVD., SUITE 405	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

1-29-07 305-476-8118

Date Daytime Phone #

STAPLE CHECK HERE