


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 FEB 12 AM 9:28

DOCUMENT # A06000001458

1. Entity Name
 THE CENTRE II ON 441, LLLP




Principal Place of Business
 2515 STATE ROAD 7, SUITE 230
 WELLINGTON, FL 33414

Mailing Address
 2515 STATE ROAD 7, SUITE 230
 WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02052007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-8039691

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, MARC
 2515 STATE ROAD 7, SUITE 230
 WELLINGTON, FL 33414

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, 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 #	P06000152855	STREET ADDRESS	
NAME	CENTRE II - 441, INC.	CITY-ST-ZIP	
STREET ADDRESS	2515 STATE ROAD 7, SUITE 230		
CITY-ST-ZIP	WELLINGTON, FL 33414		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

900088447159
 02/15/07-01030-015 **500.00

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: MARC D. STANLEY VICE PRESIDENT 2/5/07 954 410 1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE