2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000002079

1. Entity Name
THEATRE ASSOCIATES II, LLLP

FILED
07 FEB 23 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

02012007 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0783505
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAND, STEVEN C
EXECUTIVE PROPERTY MANAGEMENT
1991 MAIN STREET BOX 183
SARASOTA, FL 34236

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, 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

DOCUMENT #	
NAME	BAND, DAVID S
STREET ADDRESS	240 S. PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL 34236
DOCUMENT #	
NAME	RUBEN, WAYNE
STREET ADDRESS	1991 MAIN STREET SUITE 208
CITY-ST-ZIP	SARASOTA, FL 34236
DOCUMENT #	
NAME	NELSON, JOHN A
STREET ADDRESS	276 POST ROAD WEST SUITE 201
CITY-ST-ZIP	WESTPORT, CT 06880
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800089614378
02/27/07--01057--024 **500.00

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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: _____ 2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #