2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED DOCUMENT # A98000001072 Apr 24, 2006 08:00 AN Secretary of State TALLAHASSEE HEALTH ASSOCIATES II, LTD. Principal Place of Business Mailing Address 2600 EAST SOUTH BLVD., SUITE 225 PO BOX 11148 MONTGOMERY, AL 36111 MONTGOMERY, AL 36116 04202006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 63-1212905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE 18 \$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 DOCUMENT # P98000038977 NAME SEAGROVE TALLAHASSEE, INC. STREET ADDRESS 2600 EAST SOUTH BLVD., SUITE 225 CRY-ST-ZIP MONTGOMERY, AL 36116 DOCUMENT # U00000533434 HAME 05/06/06-80122-009.508.79 STREET ADDRESS CRY-ST-ZP DOCUMENT # MAKE DO NOT WRITE STREET AUDRESS CTTY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CRTY-ST-ZIP DOCUMENT # MAKE STREET ADDRESS CTTY-ST-ZIP STAPLE DOCUMENT # MARK

14. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS City-St-Zip

SIGNATURE: MOLIGIAND METHOD OR PRINTED NAME OF SIGNANG GENERAL PARTNER DAIL ACCOUNT DAIL DELLE D