2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000001072

1. Entity Name
TALLAHASSEE HEALTH ASSOCIATES II, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:28

Principal Place of Business	Mailing Address
2600 EAST SOUTH BLVD., SUITE 350 MONTGOMERY, AL 36116	PO BOX 11148 MONTGOMERY, AL 36111

DO NOT WRITE IN THIS SPACE

02272008 No Chg-LP CR2E003 (12/06)

4. FEI Number
63-1212905

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2008, Fee will be $900.00

000120816590
03/20/08--01022--021 **508.75

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~~ 350
CITY-ST-ZIP	MONTGOMERY, AL 36116
DOCUMENT #	
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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: Margaret McPherson Margaret McPherson CEO 3-6-08 334-286-6835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Seagrove Tallahassee Inc.
Gen. Partner