2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000001211

1. Entity Name
SAN MICHELE-PALM BEACH LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O HEARTHSTONE 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436	C/O HEARTHSTONE 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436

DO NOT WRITE IN THIS SPACE

03182008 No Chg-LP CR2E003 (12/06)

4. FEI Number
95-4754535
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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 _____ U00000890599
Signature, typed or printed name of registered agent and title if applicable 04/22/08-01064-003 500.00

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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 #	L98000003194
NAME	FL MSII/SEPII GP, L.C.
STREET ADDRESS	16133 VENTURA BLVD., SUITE 1400
CITY-ST-ZIP	ENCINO, CA 91436
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: Mark Ausley _____ Mark Ausley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GI Its: Authorized Representative

3/19/08 _____ 818-385-0005
Date Daytime Phone #