

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B03000000070	
1. Entity Name THE ROBERT MORGAN LIMITED PARTNERSHIP II	

Principal Place of Business 6390 PLASTERMILL ROAD VICTOR, NY 14534	Mailing Address P.O. BOX 780 VICTOR, NY 14534
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2. Principal Place of Business 1170 Pittsford Victor Rd Suite, Apt. #, etc.	3. Mailing Address PO Box 549 Suite, Apt. #, etc.
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City & State Pittsford NY	City & State Pittsford NY	4. FEI Number 51-0460013	Applied For Not Applicable
Zip 14534	Country	Zip 14534	Country



04272006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2006, Fee will be \$900.00

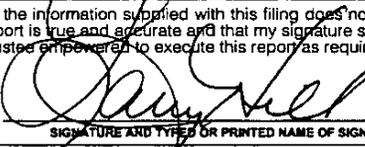
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # M03000000622	NAME R. MORGAN MANAGEMENT II, LLC	STREET ADDRESS PO Box 549	
STREET ADDRESS 6390 PLASTERMILL ROAD	CITY-ST-ZIP VICTOR, NY 14564	CITY-ST-ZIP Pittsford, NY 14534	
DOCUMENT #	NAME	STREET ADDRESS	
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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:  **Larry Hill** **4/28/06** **585-419-9630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Controller Date Daytime Phone #