

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 11:14

DOCUMENT # A05000002201 1. Entity Name ATLANTIC PROPERTIES VENTURE II, LTD.					
Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301				Mailing Address 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLOREK, DONNA 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	L05000117162		STREET ADDRESS		
NAME	ATLANTIC PROPERTIES INVESTORS II, LLC		CITY-ST-ZIP		
STREET ADDRESS	300 S.E. 2ND STREET				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Terry W. Stiles</u> Terry W. Stiles, 4/7/06 954-627-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

[Handwritten signature]



01092006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3928465 Applied For Not Applicable

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

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