2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000070

1. Entity Name
TOWN SQUARE AT SAINT JOHNS PHASE II LIMITED

Principal Place of Business	Mailing Address
9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246	9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3666133 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSTER, DENNIS A 9995 GATE PARKWAY N. STE. 400 JACKSONVILLE, FL 32246	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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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 #	L00000000146	STREET ADDRESS	
NAME	AVENTURA/TOWN SQUARE PHASE II, LLC		
STREET ADDRESS	9995 GATE PARKWAY N., STE.400	CITY-ST-ZIP	700101855887
CITY-ST-ZIP	JACKSONVILLE, FL 32246		05/08/07--01044--003 **500.00
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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: Raissa Frenkel Gen. Partner 1/30/07 904-996-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #