2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A98000000466

1. Entity Name RASHKIN FAMILY LIMITED PARTNERSHIP II



Principal Place of Business Mailing Address 2727 W MLK BLVD., #590 P.O. BOX 1583

P.O. BOX 15837 TAMPA, FL 33684-5837 FILED Mar 10, 2008 08:00 A Secretary of State



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02082008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For S9-3258482 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASHKIN, JOSEPH C 2727 W MLK BLVD., #590 TAMPA, FL 33607

CITY-ST-ZIP

DOCUMENT / NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT / NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT / DOCUMENT /

STREET ADDRESS

TAMPA, FL 33607

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The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.	d agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Synature, typed or printed name of registered agent and title if apolicable.	DATE
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 REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment	ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT /
NAME
RASHKIN, JOSEPH C
4730 NORTH HABANA AVENUE, SUITE 303
TAMPA, FL 33614

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS

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IN THIS SPACE

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: SUPERINTED NAME OF SIGNING GENERAL PART

3/5/2 Date

Daytime Phone #