

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A97000000243**

1. Entity Name  
**STONEBRIDGE LANDINGS II, LTD.**



Principal Place of Business  
**703 WATERFORD WAY  
STE. 800  
MIAMI, FL 33126**

Mailing Address  
**703 WATERFORD WAY  
STE. 800  
MIAMI, FL 33126**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04092008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number  
**65-0795179**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**STOSIK, VICTOR L  
703 WATERFORD WAY  
STE. 800  
MIAMI, FL 33126**

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

Signature, typed or printed name of registered agent and title if applicable

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 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 # **P97000005393**  
NAME **STONEBRIDGE LANDINGS II, INC.**  
STREET ADDRESS **703 WATERFORD WAY, STE. 800**  
CITY-ST-ZIP **MIAMI, FL 33126**

STREET ADDRESS

CITY-ST-ZIP

**000000910410**  
**05/06/08-80104-013 500.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

*Douglas H. Padgett, Treasurer, Stonebridge Landings II, Inc*