

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000879

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC3834902953**

**Entity Name:** VILLAGES AT HALIFAX II, LP

**Current Principal Place of Business:**

247 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

247 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 45-3932020

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # L11000131326  
Name VILLAGES AT HALIFAX PARTNERS II, LLC  
Address 211 N. RIDGEWOOD AVENUE, SUITE 300  
City-State-Zip: DAYTONA BEACH FL 32114

Document # L11000134392  
Name PAD VILLAGES AT HALIFAX II GP, LLC  
Address 247 N. WESTMONTE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAD VILLAGES AT HALIFAX II GP, LLC

**GENERAL PARTNER**

**04/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date