

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**MAY -1 PM 1:48**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A00000000221</b> 1. Entity Name <b>G.L. HOMES OF PALM BEACH ASSOCIATES II, LTD.</b>				 MAY -1 PM 1:48 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business <b>1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071</b>		Mailing Address <b>1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071</b>		  04032006 Chg-LP CR2E003 (11/05)	
2. Principal Place of Business <b>1600 Sawgrass Corp Pkwy</b>		3. Mailing Address <b>1600 Sawgrass Corp Pkwy</b>			
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>			
City & State <b>Sunrise, FL</b>		City & State <b>Sunrise, FL</b>			
Zip <b>33323</b>		Country <b>USA</b>		4. FEI Number <b>65-0981940</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>G.L. HOMES OF PALM BEACH II CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sawgrass Corporate Parkway, #300</b>  City <b>Sunrise</b>	
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.				DATE <b>4/25/06</b>	
SIGNATURE <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P99000068702		STREET ADDRESS	1600 Sawgrass Corp Pkwy #300	
NAME	G.L. HOMES OF PALM BEACH II CORPORATION		CITY-ST-ZIP	Sunrise, FL 33323	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	<b>400074538364</b> <b>05/15/06--01005--003 **508.75</b>	
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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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			N. MARIA MENENDEZ, VICE PRESIDENT Date <b>4/27/06</b>		Daytime Phone # <b>954-753-1730</b>

STAPLE CHECK HERE