
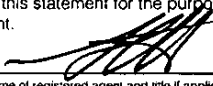



**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:29

<b>DOCUMENT # A00000000221</b>					
<b>1. Entity Name</b> G.L. HOMES OF PALM BEACH ASSOCIATES II, LTD.					
<b>Principal Place of Business</b> 1600 SAWGRASS COPR PKWY, SUITE 300 SUNRISE, FL 33323			<b>Mailing Address</b> 1600 SAWGRASS COPR PKWY, SUITE 300 SUNRISE, FL 33323		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <i>Suite 230</i>		Suite, Apt. #, etc. <i>Suite 230</i>			
City & State		City & State		04162008    Chg-LP    CR2E003 (12/06)	
Zip		Country		<b>4. FEI Number</b> 65-0981940	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
G.L. HOMES OF PALM BEACH II CORPORATION 1600 SAWGRASS COPR PKWY, SUITE <del>300</del> <i>230</i> SUNRISE, FL 33323			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<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.</b>					
SIGNATURE 					DATE <i>4/27/08</i>
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, 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, Suite 230	
NAME	G.L. HOMES OF PALM BEACH II CORPORATION		CITY-ST-ZIP	Sunrise, FL 33323	
STREET ADDRESS	1600 SAWGRASS COPR PKWY, SUITE 300				
CITY-ST-ZIP	SUNRISE, FL 33323				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
<b>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</b>					
<b>SIGNATURE:</b> 			RICHARD M. NORWALK    4/29/08    (954) 753-1730		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date    Daytime Phone #		

STAPLE CHECK HERE

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