


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 22, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A00000000866</b><br>1. Entity Name<br>CISNEROS INVESTMENT GROUP II, LTD. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>330 DOLIAS COURT<br>CORAL GABLES, FL 33143 | Mailing Address<br>330 DOLIAS COURT<br>CORAL GABLES, FL 33143 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-LP

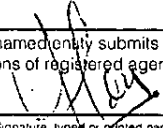
CR2E003 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br>65-1151132                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>TOUS, YAQUELIN<br>4025 NE 2ND AVENUE<br>MIAMI, FL 33137 |
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**DO NOT WRITE IN THIS SPACE**

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  DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2007, Fee will be \$900.00</b> |  |
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**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.**

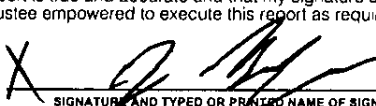
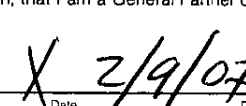
| 12. GENERAL PARTNER INFORMATION |                              |
|---------------------------------|------------------------------|
| DOCUMENT #                      | P00000033796                 |
| NAME                            | CISNEROS CAPITAL GROUP, INC. |
| STREET ADDRESS                  | 330 DOLIAS COURT             |
| CITY-ST-ZIP                     | CORAL GABLES, FL 33143       |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
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| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |

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05/31/07-80017-007 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:  DATE:  2/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER