

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

26 MAY -1 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A00000000903

1. Entity Name
G.L. HOMES OF DAVIE ASSOCIATES II, LTD.



Principal Place of Business
**1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

Mailing Address
**1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

2. Principal Place of Business
**1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300**

3. Mailing Address
**1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300**

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33323

Country
USA

Zip
33323

Country
USA

03302006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-1013106

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**G.L. HOMES OF DAVIE II CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1600 Sawgrass Corporate Pkwy, #300

City
Sunrise

FL

Zip Code
33323

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.

4/25/06

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # **P00000049701**
NAME **G.L. HOMES OF DAVIE II CORPORATION**
STREET ADDRESS **1401 UNIVERSITY DRIVE, SUITE 200**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

STREET ADDRESS **1600 Sawgrass Corp Pkwy #300**
CITY-ST-ZIP **Sunrise, FL 33323**

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CITY-ST-ZIP

**200074693882
05/17/06 01003 006 **508.75**

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]

N. MARIA MENENDEZ, VICE PRESIDENT

4/27/06

954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE