

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

**FILED**

06 MAY - 1 PM 11:49

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

3. Mailing Address  
1600 Sawgrass Corp Pkwy

Suite, Apt. #, etc.  
Suite 300

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

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	STREET ADDRESS	1600 Sawgrass Corp Pkwy #300
NAME	G.L. HOMES OF DAVIE 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	2000074693882
NAME		CITY-ST-ZIP	05/17/06-01003-006-**508.75
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NAME		CITY-ST-ZIP	
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:

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