

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:29

**DOCUMENT # A00000000903**

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



Principal Place of Business  
 1600 SAWGRASS CORP PKWY, SUITE 300  
 SUNRISE, FL 33323

Mailing Address  
 1600 SAWGRASS CORP PKWY, SUITE 300  
 SUNRISE, FL 33323

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-LP CR2E003 (12/06)

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

7. Name and Address of New Registered Agent

G.L. HOMES OF DAVIE II CORPORATION  
 1600 SAWGRASS CORP PKWY, SUITE 300 230  
 SUNRISE, FL 33323

Name

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

City

FL

Zip Code

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.

4/27/08

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 1600 SAWGRASS CORP PKWY, SUITE 300  
 CITY-ST-ZIP SUNRISE, FL 33323

STREET ADDRESS 1600 Sawgrass Corp Pkwy, Suite 230  
 CITY-ST-ZIP Sunrise, FL 33323

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS 900128121879  
 CITY-ST-ZIP 05/01/08--01054--019 \*\*500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

RICHARD M. NORWALK 4/29/08 (954) 753-1730

STAPLE CHECK HERE