2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT #A01000001391

1. Entity Name
FLOWERWOOD II LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
15315 KELLY RD. LOXLEY, AL 36551	P.O. BOX 7 LOXLEY, AL 36551

DO NOT WRITE IN THIS SPACE

03172006 No Chg-LP CR2E003 (11/05)

4. FEI Number
04-3587927
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REINHARDT, ERIC C
13340 WEST COLONIAL DRIVE, SUITE 220
WINTER GARDEN, FL 34787

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 Sally A Wall Mar 20 '06
Signature, typed or printed name of registered agent and title if applicable — 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

DOCUMENT #	
NAME	WALL, SALLY ANN
STREET ADDRESS	P.O. BOX 665
CITY-ST-ZIP	LOXLEY, AL 36551
DOCUMENT #	
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100000479282
04/08/06-80042-009 500.00

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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: Sally A Wall 3/20/06 (251)964-5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #