2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A02000001075 1. Entity Name STP REDEVELOPMENT II, LTD. Principal Place of Business Mailing Address 5858 CENTRAL AVENUE PO BOX 41847 ST PETERSBURG, FL 33743 ST. PETERSBURG, FL 33743-1847

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 APR 27 PH 3: 45



DO NOT WRITE IN THIS SPACE

04052006 No Chg-LP

4-10-06

CR2E003 (11/05)

4. FEI Number			Applied For
54-2088642		_ [Not Applicable
5. Certificate of Status D	esired 💢	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHER, CRAIG H **5858 CENTRAL AVENUE**

STAPLE CHECK HERE

SIGNATURE:

DO NOT WRITE

ST PETERSBURG, FL 33743		IN THIS SPACE		
	named entity submits this statement for the purpose of changing its regions of registered agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	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 \$900.0			
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. orm; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION			
DOCUMENT #	P02000085438			
NAME	STP REDEVELOPMENT II, INC.			
STREET ADDRESS	5858 CENTRAL AVENUE	•		
CITY-ST-ZIP	ST PETERSBURG, FL 33743			
DOCUMENT #				
NAME		100074329811		
STREET ADDRESS		100074329811 05/10/0601012012 **43687.50		
CITY-ST-ZIP		010001100		
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•	earth, that the information authorized with this filling does not availed to	to exampliance contained in Chapter 110 Flexida Statutas I further cartify that the information		
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				

ND TY ED OR PRINTED NAME OF SIGNING GENERAL PARTNER