2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

CHECK

SIGNATURE:

OT APR 27 AM 8: 10 SECRETARY OF STATE ALLAHASSEE, FLORIDA DOCUMENT # A02000001075 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 DO NOT WRITE IN THIS SPACE 03022007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 54-2088642 Not Applicable \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHER, CRAIG H **5858 CENTRAL AVENUE** ST PETERSBURG, FL 33743 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 P02000085438 DOCUMENT A STP REDEVELOPMENT II, INC. NAME STREET ADDRESS **5858 CENTRAL AVENUE** 7 200101366129 05/08/07/01051-019 14508 CITY-ST-ZIP ST PETERSBURG, FL 33743 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY - ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS CITY-ST-7IP with this, tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership to this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied indicated on this report is true and accurate or the receiver or trustee empowered to e

INTED NAME OF SIGNING GENERAL PARTNER

5HER

727-384-6000

Daytime Phone #