2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 31 AM 9:46

DOCUMENT # A02000001584

1. Entity Name
THE PLATTS FAMILY LIMITED PARTNERSHIP NO. II

Principal Place of Business	Mailing Address
200 N.E. 10TH AVENUE POMPANO BEACH, FL 33060	200 N.E. 10TH AVENUE POMPANO BEACH, FL 33060

01122007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 06-1652665 ☐ 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
NEWMAN, THOMAS L ESQ. 201 SE 24 AVE. POMPANO BEACH, FL 33062	Name: Street Address (P.O. Box Number is Not Acceptable): Suite 304 1877 S. Federal Hwy City: Boca Raton FL Zip Code: 33432

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] 1-2007
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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 PLATTS, HARRY E 200 N.E. 10TH AVENUE POMPANO BEACH, FL 33060	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 PLATTS, BARBARA A 200 N.E. 10TH AVENUE POMPANO BEACH, FL 33060	STREET ADDRESS CITY-ST-ZIP	600087214866 02/05/07--01006--022 **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: [signature] HARRY E. PLATTS 1-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #