

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A03000000006**

1. Entity Name  
**JACARANDA TRAIL II, LTD.**



Principal Place of Business  
**2950 S.W. 27TH AVENUE  
SUITE 200  
COCONUT GROVE, FL 33133**

Mailing Address  
**2950 S.W. 27TH AVENUE  
SUITE 200  
COCONUT GROVE, FL 33133**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**



04182007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>51-0449408</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**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.

**Lloyd J. Boggio**

SIGNATURE  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**

DOCUMENT #	<b>L03000006628</b>
NAME	<b>JACARANDA TRAIL II, LLC</b>
STREET ADDRESS	<b>2950 S.W. 27 AVENUE, SUITE 200</b>
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

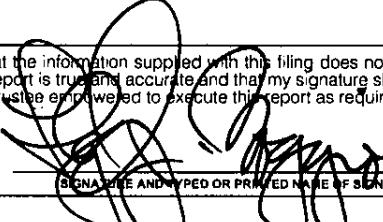
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STREET ADDRESS	
CITY-ST-ZIP	

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:** 

**Lloyd J. Boggio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**DO NOT WRITE  
IN THIS SPACE**

**U000000748264  
05/17/07-80061-001 508.75**

Date Daytime Phone #