

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

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

**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



04182007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0449408

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**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 NOWIN 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 # L03000006628  
NAME JACARANDA TRAIL II, LLC  
STREET ADDRESS 2950 S.W. 27 AVENUE, SUITE 200  
CITY-ST-ZIP COCONUT GROVE, FL 33133

DOCUMENT #  
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CITY-ST-ZIP

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IN THIS SPACE**

U00000748264  
05/17/07-80061-001 508.75

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

Date

Daytime Phone #

STAPLE CHECK HERE