


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED  
Apr 09, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # A03000000090</b>	
1. Entity Name: <b>S &amp; S FAMILY LIMITED PARTNERSHIP II</b>	

Principal Place of Business <b>510 PENNSYLVANIA AVE BRONSON FL 32621 US</b>	Mailing Address <b>P.O. BOX 1540 BRONSON FL 32621 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E003 (10/07)
4. FEI Number <b>55-0813743</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SIDE, A.J. 510 PENNSYLVANIA AVE BRONSON FL 32621</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
NAME	<b>SIDE, A.J.</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>510 PENNSYLVANIA AVE</b>		
CITY- ST- ZIP	<b>BRONSON FL 32621</b>		
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04/22/08-80053-023 500.00

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 affirm or 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: *A. J. Side* **A. J. SIDE** 4/1/08 352 486 0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Document Price #