

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 FEB 12 AM 9:29

**DOCUMENT # A03000000929**

1. Entity Name  
 CRESTVIEW II, LTD.



Principal Place of Business  
 2901 S. BAYSHORE DRIVE, APT. 7-G  
 MIAMI, FL 33133

Mailing Address  
 2901 S. BAYSHORE DRIVE, APT. 7-G  
 MIAMI, FL 33133



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

01292007

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0254035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SOLIS, MARCIAL  
 2901 S. BAYSHORE DRIVE, APT. 7-G  
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

2627 S Bayshore Drive Apt # 2904  
 Miami FL 33133

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

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

DOCUMENT # L03000022753  
 NAME MSA CRESTVIEW II, LLC  
 STREET ADDRESS 2901 S. BAYSHORE DR, APT. 7G  
 CITY-ST-ZIP MIAMI, FL 33133

13. ADDRESS CHANGES ONLY

STREET ADDRESS

16533 S.W. 59th TERRACE

CITY-ST-ZIP

Miami FL 33296

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan 29th 2007 305-388-8337

Date

Daytime Phone #

STAPLE CHECK HERE