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

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STAPLE

SIGNATURE AND TYP

INTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

## FILED DOCUMENT # A04000000230 2007 APR 11 AM 9:56 FM LIMITED PARTNERSHIP II SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1320 S. DIXIE HWY 1320 S. DIXIE HWY CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5915 Ponce De Leon Blvd. 5915 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-LP CR2E003 (12/06) Suite 19 · Suite 19 4 FELNumber Applied For City & State Coral Gables, Coral Gables, 20-4007149 Not Applicable FL<sup>Zip</sup> 33146 Country US \$8.75 Additional 33146 5. Certificate of Status Desired ÚS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOYA, FRANK Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HIGHWAY, SUITE 1060 5915 Ponce De Leon Blvd. CORAL GABLES, FL 33146 Suite 19 Zip Code City Coral Gables 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, typed or printed name of registered agent and title if applicable 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 # STREET ADDRESS 5915 Ponce De Leon Blvd., Ste. 19 NAME MOYA, FRANK TRUSTEE STREET ADDRESS 1320 S. DIXIE HWY, STE 1060 CITY-ST-7(P CITY-ST-ZIP CORAL GABLES, FL 33146 Coral Gables, FL 33146 DOCUMENT A 700096792377 STREET ADDRESS NAME MOYA, MARIA C 04/13/07--01039--016 \*\*500<u>.00</u> STREET ADDRESS 14275 OTTER WAY CITY-ST-7IP CITY-ST-ZIF JUNEAU, AK 99801 DOCUMENT # STREET ADDRESS 5915 Ponce De Leon Blvd., Ste. 19 NAME MOYA-SAKRAN, ELIZABETH M STREET ADDRESS 1320 S. DIXIE HWY, STE 1060 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33146 Coral Gables, FL 33146 DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 or the receiver or trustee empowered to exer at my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership eport as required by Chapter 620, Florida Statutes 305-665-4480 Frank Moya SIGNATURE:X