
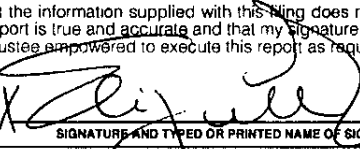


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000000230</b> 1. Entity Name <b>FM LIMITED PARTNERSHIP II</b>					
Principal Place of Business <b>5915 PONCE DE LEON BLVD          SUITE 19          CORAL GABLES, FL 33146</b>			Mailing Address <b>5915 PONCE DE LEON BLVD          SUITE 19          CORAL GABLES, FL 33146</b>		
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	4. FEI Number <b>20-4007149</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOYA, FRANK          5915 PONCE DE LEON BLVD          SUITE 19          CORAL GABLES, FL 33146</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MOYA, FRANK TRUSTEE          5915 PONCE DE LEON BLVD STE 19          CORAL GABLES, FL 33146</b>		STREET ADDRESS CITY-ST-ZIP	110000092061E 05/21/08-80115-015 500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MOYA, MARIA C          14275 OTTER WAY          JUNEAU, AK 99801</b>		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MOYA-SAKRAN, ELIZABETH M          5915 PONCE DE LEON BLVD STE 19          CORAL GABLES, FL 33146</b>		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			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					
<b>SIGNATURE:</b> 			<b>Elizabeth Moya</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		
			Date <b>4/23/08</b> Daytime Phone # <b>(305) 665-4480</b>		

STAPLE CHECK HERE