

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000230

Entity Name: FM LIMITED PARTNERSHIP II

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

5915 PONCE DE LEON BLVD
SUITE 19
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5915 PONCE DE LEON BLVD
SUITE 19
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-4007149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYA, FRANK
5915 PONCE DE LEON BLVD
SUITE 19
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: MOYA, FRANK TRUSTEE
Address: 5915 PONCE DE LEON BLVD STE 19
City-St-Zip: CORAL GABLES, FL 33146

Document #:

Name: MOYA, MARIA C
Address: 14275 OTTER WAY
City-St-Zip: JUNEAU, AK 99801

Document #:

Name: MOYA-SAKRAN, ELIZABETH M
Address: 5915 PONCE DE LEON BLVD STE 19
City-St-Zip: CORAL GABLES, FL 33146

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK MOYA

TRUS

04/01/2009

Electronic Signature of Signing General Partner

Date