

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 APR 14 AM 11:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000000471

1. Entity Name
 GREEN GABLES APARTMENTS II, LTD.



Principal Place of Business
 11635 NW 1ST AVENUE
 GAINESVILLE, FL 32607

Mailing Address
 11635 NW 1ST AVENUE
 GAINESVILLE, FL 32607

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

02012008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0923889

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, JOHN M
 11635 NW 1ST AVENUE
 GAINESVILLE, FL 32607

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # 672870
 NAME MAINT-CO SERVICES, INC.
 STREET ADDRESS 11635 NW 1ST AVENUE
 CITY-ST-ZIP GAINESVILLE, FL 32607

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT # L04000021550
 NAME TKG PROPERTIES, LLC.
 STREET ADDRESS 11635 NW 1ST AVENUE
 CITY-ST-ZIP GAINESVILLE, FL 32607

STREET ADDRESS
 CITY-ST-ZIP

800123593548
04/15/08-01006-003 **508.75

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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

Maint-Co Services, Inc., The General Partner

By: John M. Curtis, President 4/1/2008 352-332-0838

Date

Daytime Phone #

STAPLE CHECK HERE