

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000000573

1. Entity Name
EL PROGRESO PHASE II, LTD.



SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 14 AM 11:17

Principal Place of Business
 11710 NW SOUTH RIVER DRIVE
 SUITE 216
 MEDLEY, FL 33178

Mailing Address
 11710 NW SOUTH RIVER DRIVE
 SUITE 216
 MEDLEY, FL 33178

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01192006 Chg-LP CR2E003 (11/05)

4. FEI Number
 83-0399225

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, IRIS M
 11710 NW SOUTH RIVER DRIVE
 SUITE 216
 MEDLEY, FL 33178

7. Name and Address of New Registered Agent

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, 2006, 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 # L02000010200
 NAME EL PROGRESO PLAZA, LLC
 STREET ADDRESS 11710 NW SOUTH RIVER DRIVE
 CITY-ST-ZIP MEDLEY, FL 33178

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200066794902
 02/28/06--01016--009 **\$500.00

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

Date

Daytime Phone #

2/9/2006 305-8879919