


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000000944		
1. Entity Name LEE COUNTY HOMES ASSOCIATES II, LLLP		

Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300
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City & State Sunrise, FL	City & State Sunrise, FL	4. FEI Number 20-1292549	Applied For Not Applicable
Zip 33323	Country USA	Zip 33323	Country USA

03312006 Chg-LP CR2E003 (11/05)

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GRANT, MARK F ESQ. % RUDEN, MCCLOSKEY, SMITH ET AL. P.A. 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

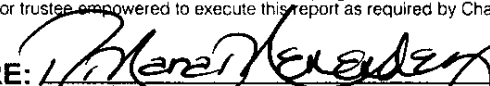
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P04000089735 LEE COUNTY HOMES II CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy #300 Sunrise, FL 33323
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	N. MARIA MENENDEZ, VICE PRESIDENT Date: 4/27/06 Daytime Phone #: 954-753-1730