


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 MAY 22 PM 2:25

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000001816		
1. Entity Name COCONUT PALM CAPITAL INVESTORS II, LTD.		

Principal Place of Business 595 SOUTH FEDERAL HIGHWAY SUITE 600 BOCA RATON, FL 33432	Mailing Address 595 SOUTH FEDERAL HIGHWAY SUITE 600 BOCA RATON, FL 33432
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2. Principal Place of Business 595 S. Federal Hwy Suite, Apt. #, etc. # 500 City & State Boca Raton, FL Zip 33432 Country Palm Beach	3. Mailing Address 595 S. Federal Hwy Suite, Apt. #, etc. # 500 City & State Boca Raton, FL Zip 33432 Country Palm Beach
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05152006 Chg-LP CR2E003 (11/05)

4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	P04000156436 COCONUT PALM CAPITAL INVESTORS II, INC. 595 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	595 S. Federal Hwy #500 Boca Raton, FL 33432
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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: Robert C. Farenhem **5-17-06 561-955-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE