

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000001816

1. Entity Name
COCONUT PALM CAPITAL INVESTORS II, LTD.



Principal Place of Business
595 SOUTH FEDERAL HIGHWAY, SUITE 500
BOCA RATON, FL 33432

Mailing Address
595 SOUTH FEDERAL HIGHWAY, SUITE 500
BOCA RATON, FL 33432

FILED

07 FEB 26 AM 9:37

CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01052007 Chg-LP CR2E003 (12/06)

4. FEI Number
APPLIED FOR

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

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, SUITE 2800
MIAMI, FL 33131

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, 2007, 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 # **P04000156436**
 NAME **COCONUT PALM CAPITAL INVESTORS II, INC.**
 STREET ADDRESS **595 SOUTH FEDERAL HIGHWAY, SUITE 500**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

STREET ADDRESS

CITY-ST-ZIP

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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:

R. C. Farenheim **Robert C. Farenheim**

Date

Daytime Phone #

561-966-7300