

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -7 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022007 Chg-LP CR2E003 (12/06)

DOCUMENT # A04000002050					
1. Entity Name ARBOR VIEW II, LTD.					
Principal Place of Business P.O. BOX 1318 BONITA SPRINGS, FL 34133			Mailing Address P.O. BOX 1318 BONITA SPRINGS, FL 34133		
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	4. FEI Number 02-0733759	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ERDMAN, GREGORY A 1084 BUSINESS LANE NAPLES, FL 34110			Name Erdman, Gregory A Street Address (P.O. Box Number is Not Acceptable) 1004 Collier Center Way, Ste 102 City Naples FL Zip Code 34110		
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 3-2-07		
Signature, typed or printed name of registered agent and title if applicable					
<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p> <p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000164211		STREET ADDRESS	1004 Collier Center Way, Ste 102	
NAME	ARBOR VIEW II, INC.		CITY-ST-ZIP	Naples, FL 34110	
STREET ADDRESS	1084 BUSINESS LANE				
CITY-ST-ZIP	NAPLES, FL 34110				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	100092350691	
STREET ADDRESS				03/13/07--01020--004 **508.75	
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
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:			DATE 3-2-07 (239)592-7499		
Signature, typed or printed name of signing general partner					

STAPLE CHECK HERE