


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 14, 2008 08:00 A
Secretary of State

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
--	--

<p>DO NOT WRITE IN THESE SPACES</p>	
-------------------------------------	--



01082008 No Chg-LP

CR2E003 (12/06)

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 ERDMAN, GREGORY A 1004 COLLIER CENTER WAY STE 102 NAPLES, FL 34110
--

<p>DO NOT WRITE IN THESE SPACES</p>

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
After May 1, 2008, 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 #	P04000164211
NAME	ARBOR VIEW II, INC.
STREET ADDRESS	1004 COLLIER CENTER WAY STE 102
CITY-ST-ZIP	NAPLES, FL 34110
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>U00000784679 01/16/08-80066-002 508.75</p> <p>DO NOT WRITE IN THESE SPACES</p>

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:  **Gregory Erdman 1-10-08 (289) 592-7495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #