2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A05000000078

1. Entity Name

BUTTERS REAL ESTATE FUND II, LTD.



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073

6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073



04102007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number			Applied For
	22-3905397			Not Applicable
5.	Certificate of Status Desired		\$8.75 Fee Re	Additional quired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

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 it 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
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #	L05000001850 BUTTERS CAPITAL II, LLC 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073
NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS City-St-Zip	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	

000000752713 05/21/07-80027-007 500.00

DO NOT WRITE IN THIS SPACE

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:

STAFFT ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/07

954 570-811

Daylime Phone #