


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 APR 20 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000228	
1. Entity Name CARRIAGE CROSSING APARTMENTS II, LTD.	

Principal Place of Business 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03012006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2311838		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HALE, JEFFREY W 11635 NW 1ST AVENUE GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	L05000008372	STREET ADDRESS	
NAME	CARRIAGE CROSSING APARTMENTS II, LLC	CITY-ST-ZIP	
STREET ADDRESS	11635 NW 1ST AVENUE		
CITY-ST-ZIP	GAINESVILLE, FL 32607		
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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:  **Carriage Crossing Apartments II, LLC, General Partner**
By: **John M. Curtis** 04/18/06 352-332-0838
Managing Member

STAPLE CHECK HERE