


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

08 APR -9 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A05000000228</b> 1. Entity Name <b>CARRIAGE CROSSING APARTMENTS II, LTD.</b>					
Principal Place of Business <b>11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>			Mailing Address <b>11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>20-2311838</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HALE, JEFFREY W          11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L05000008372		STREET ADDRESS		
NAME	CARRIAGE CROSSING APARTMENTS II, LLC		CITY-ST-ZIP		
STREET ADDRESS	11635 NW 1ST AVENUE		<b>900123021899</b> <b>04/11/08--01007--013 **508.75</b>		
CITY-ST-ZIP	GAINESVILLE, FL 32607		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Carriage Crossing Apartments, LLC, General Partner By: John M. Curtis 4/1/2008 352-332-0838 Managing Member		

STAPLE CHECK HERE