

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A05000000238</b> 1. Entity Name <b>LAUREL PARK APARTMENTS II, LTD.</b>				 <b>FILED</b> APR 24 AM 9:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>		Mailing Address <b>11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">BK</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>04202007</span> <span>Chg-LP</span> <span>CR2E003 (12/06)</span> </div>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip			
Country		Country			
4. FEI Number <b>20-2311586</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> <b>HALE, JEFFREY W          11635 NW 1ST AVENUE          GAINESVILLE, FL 32607</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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, 2007, 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 #	L05000008361		STREET ADDRESS	<div style="font-size: 1.2em; font-weight: bold;">500101961175</div> <div style="font-size: 0.8em;">05/08/07--01048--014 **509.75</div>	
NAME	LAUREL PARK APARTMENTS II, LLC		CITY-ST-ZIP		
STREET ADDRESS	11635 NW 1ST AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
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>			Laurel Park Apartments II, LLC, General Partner By: <b>John M. Curtis</b> 04/20/07 352-332-0838 Manager		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE