
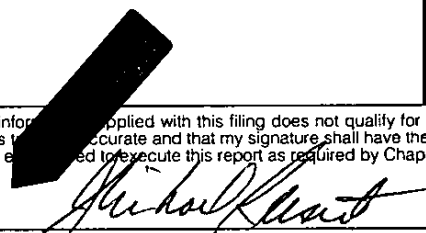


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10:55

<b>DOCUMENT # A05000000672</b>					
1. Entity Name JMR CAPITAL PARTNERS II, LTD.					
Principal Place of Business 1040 BAYVIEW DRIVE, STE. 428 FORT LAUDERDALE, FL 33304			Mailing Address 1040 BAYVIEW DRIVE, STE. 428 FORT LAUDERDALE, FL 33304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2562572	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REISERT, J. MICHAEL 1040 BAYVIEW DRIVE, STE. 428 FORT LAUDERDALE, FL 33304			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, 2006, 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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P05000023636		STREET ADDRESS		
NAME	BACK BAY MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	1040 BAYVIEW DRIVE, STE. 428				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304				
DOCUMENT #			STREET ADDRESS	300074753503	
NAME			CITY-ST-ZIP	05/17/06--01012--015 **500.00	
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NAME			CITY-ST-ZIP		
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 of the limited partnership and that I am qualified to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			4/3/06 954-581-3226		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE