


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000000672					
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 - No P.O. Box #			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 REISERT, J. MICHAEL 1040 BAYVIEW DRIVE, STE. 428 FORT LAUDERDALE, FL 33304				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>					
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				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	
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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 <u>Michael Reisert</u> <u>J MICHAEL REISERT</u> 4/4/07 954-521-3224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE