

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

**DOCUMENT # A05000001073**

1. Entity Name  
 OCANA PHASE II LIMITED PARTNERSHIP, S.E.



**FILED**

**06 MAY -1 PM 1:21**

**SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

Principal Place of Business  
 247 NORTH WESTMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32714

Mailing Address  
 247 NORTH WESTMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-LP

CR2E003 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTOLO, W TERRY ESQ  
 301 EAST PINE STREET STE 1400  
 ALTAMONTE SPRINGS, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # P05000076361  
 NAME PICERNE OCANA PHASE II, INC.  
 STREET ADDRESS 247 NORTH WESTMONTE DRIVE  
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700075026627**

**05/22/06--01040--020 \*\*\$500.00**

DOCUMENT #  
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Robert M Picerne* 4/27/06 4077720200

STAPLE CHECK HERE