

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001411	
1. Entity Name ODYSSEY OPERATING PARTNERSHIP II, LTD.	



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 500 SOUTH FLORIDA AVE. SUITE 700 LAKELAND, FL 33801 US	Mailing Address 500 SOUTH FLORIDA AVE. SUITE 700 LAKELAND, FL 33801 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05012006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3164829	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AIRTH, HAL A JR. 500 SOUTH FLORIDA AVE. SUITE 800 LAKELAND, FL 33801		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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	F04000001460	STREET ADDRESS	
NAME	ODYSSEY DIVERSIFIED PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVE, SUITE 700		
CITY-ST-ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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:

William D. Prost
William D Prost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/06
Date

863-647-1581
Daytime Phone #

STAPLE CHECK HERE