

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000001517

1. Entity Name
SOFRAN DAVENPORT PHASE II, LTD.



FILED

08 JAN 30 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business	Mailing Address
818 A-1 A NORTH, STE. 203 PONTE VEDRA BEACH, FL 32082	818 A-1 A NORTH, STE. 203 PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business - No P.O. Box # 4312 Pablo Professional Ct.	3. Mailing Address 4312 Pablo Professional Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072008 Chg-LP CR2E003 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 20-3280025	Applied For ☐ Not Applicable
Zip 32224	Country USA	Zip 32224	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT
~~**818 A-1 A NORTH, STE. 203**~~
~~**PONTE VEDRA BEACH, FL 32082**~~
4312 Pablo Professional Court
Jacksonville, FL 32224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 2008, 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

DOCUMENT #	P00441
NAME	THE SOFRAN CORPORATION
STREET ADDRESS	818 A-1 A NORTH, STE. 203
CITY-STATE-ZIP	PONTE VEDRA BEACH, FL 32082

13. ADDRESS CHANGES ONLY

STREET ADDRESS	4312 Pablo Professional Court
CITY-STATE-ZIP	Jacksonville, FL 32224

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CITY-STATE-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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/08

Date

904/821-8098

Daytime Phone #

STAPLE CHECK HERE