2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By-May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A05000001539

1. Entity Name

LONG BOAT DEVELOPMENT II, LLLP



FILED Feb 23, 2007 08:00 A Secretary of State

Principal Place of Business

790 HILLBRATH DRIVE LANTANA, FL 33462 Mailing Address

790 HILLBRATH DRIVE LANTANA, FL 33462



02092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUSMANO, CHARLES 790 HILLBRATH DRIVE LANTANA, FL 33462

DO NOT WRITE IN THIS SPACE

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 Superior project or project name of consistency grows and life if applicable.			
	Signature, typed or printed name of registered agent and title if applicable		') , , , , o , t, t, , , ,
a . museu)	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	0	A MARIE OF SECTION AND SECTION
· , r ,	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 # NAME STREET ADDRESS CITY-SI-ZIP	GUSMANO, CHARLES 790 HILLBRATH DRIVE LANTANA, FL 33462		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		0	U00000646531 3/08/07-80036-005 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN IH	IIS SPACE
DOCUMENT # NAME	. , :		

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:

STAPLE CHECK HERE

DOCUMENT /
NAME ---STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/07

(561)582-6688

Daytime Phone #