2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

				¬ FILED
DOCUMENT # A0500001628 1. Entity Name INTERNATIONAL CORPORATE CENTER II, LTD.				06 MAY - 1, PH 1: 29
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATES TAULAHASSEETHUORIDAS
14703 PARK OF COMMERCE BLVD. Jupiter, FL 33448		14703 PARK OF COMMERCE BLVD. JUPITER, FL 33448		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006 Chg-LP CR2E003 (11/05)
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent	
KEIHNER, BRUCE W				
14703 PAF JUPITER.	RK OF COMMERCE BLVD.		Street Addres	ss (P.O. Box Number is Not Acceptable)
JUPITER,	FL 33440			
			City	FL Zip Code
8. The above	named entity submits this statemen	it for the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.			,
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.		DATE
	FILE N After May 1	OWIII FEE IS \$500.00 , 2006, Fee will be \$	0 900.00	
				ISTERED AND ACTIVE WITH THIS OFFICE.
12.		MAY NOT be changed o	n the form; an amendm	nent must be filed to change a general partner. ADDRESS CHANGES ONLY
DOCUMENT #	GE-TET TET TET TET TET TET TET TET TET TE	Tarina orași de la constanti d	STREET ADDRESS	7,50,100 0,111010 0,121
NAME	AKTIVA USA INVESTMENT, LLC 14703 PARK OF COMMERCE BLVD.		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZiP	JUPITER, FL 33448		CiTY-ST-ZIP	
DOCUMENT / NAME	SCHAEFER, JOCHEN		STREET ADDRESS	<u>400074675394</u> 05/16/0601042018 **500.00
STREET ADDRESS CITY-ST-ZIP	14703 PARK OF COMMERCI JUPITER, FL 33448	E BLVD.	CITY-ST-ZIP	05/16/0601042018 **500.00
DOCUMENT # NAME			STREET ADDRESS	
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DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	d on this report is true and accurate ceiver or trustee embowered to exe	and that my signature shall houte this report as required by	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Lify for the exemptions contrave the same legal effect as y Chapter 620, Florida Statu	ained in Chapter 119, Florida Statutes. I further certify that the information it made under oath; that I am a General Partner of the limited partnership tes 4/25/06 561 694-0421